

INTEGRATED AUDIT AND GOVERNANCE COMMITTEE

Item: 11.3

**MINUTES OF THE MEETING HELD ON 12 MAY 2020 AT 9.00AM
via Video Conference**

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:

S Fallowfield, AuditOne, (Internal Audit) - *Deputising for Carl Best (attended up to item 8)*
P Heaford, NHS Hull CCG (Personal Assistant) - *Minute Taker*
M Kirkham, Mazars LPP (External Audit)
D Lowe, NHS Hull CCG (Deputy Director of Quality and Clinical Governance / Lead Nurse)
– *attended from item 9.)*
S Milner, NHS Hull CCG (Senior Finance Manager) - *Deputising for Danny Storr (attended up to item 9.2)*
M Napier, NHS Hull CCG (Associate Director of Corporate Affairs)
E Sayner, NHS Hull CCG (Chief Finance Officer)
R Walker, Mazars LPP (External Audit) (*attended up to item 7*)

1. APOLOGIES FOR ABSENCE

C Best, AuditOne, (Internal Audit)
D Storr, NHS Hull CCG (Deputy Chief Finance Officer-Finance)

2. MINUTES OF THE PREVIOUS MEETINGS

2.1 MINUTES OF THE MEETINGS- HELD ON 10 MARCH 2020

The minutes of the Integrated Audit and Governance Committee (IAGC) meeting held on 10 March 2020 were submitted for approval. It was agreed that these were a true and accurate record of the meeting.

2.2 MINUTES OF THE EXTRAORDINARY MEETING HELD ON 21 APRIL 2020

The minutes of the extraordinary IAGC meeting to review the draft annual accounts, held on 21 April 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 10 March 2020 as a true and accurate record and these would be signed by the Chair, and
(b)	Members of the Integrated Audit and Governance Committee approved the minutes of the extraordinary meeting held on 21 April 2020 as a true and accurate record and these would be signed by the Chair

3. MATTERS ARISING / ACTION LIST

The Action List from the meeting held on 10 March 2020 was presented for information and it was noted that a number of items were still to be actioned. The Chair advised that current circumstances had dictated where priorities sat within the current action tracker and she confirmed that she was comfortable with the deadlines being moved back.

With regard to actions in relation to the Risk Register and the BAF, the Associate Director of Corporate Affairs advised that, as a reflection of a discussion at the last meeting and further discussion outside of the meeting, updated guidance had been issued to risk owners and BAF owners to focus primarily on Covid related risks or any current risks where there had been a deterioration in the risk rating. Members were assured that both the Risk Register and BAF remained actively under review, but the focus at the present time was on the immediate pressing issues. As soon there was a move into a transition and recovery phase, the actions would be picked up and the action tracker would be updated.

Jason Stamp requested that an indication of dates in relation to the updated Primary Care Rebate Scheme Policy and Process be provided.

Post Meeting Note: *The Primary Care Rebate Scheme Policy and Process would be submitted to the Planning and Commissioning Committee on 5 June 2020, following which it would be brought back to the IAGC.*

Jason Stamp also went on to say that there would need to be some foresight of the post Covid recovery risks and some immediate risks which would need to start to be articulated now around potential pressure in the system and the potential significant risk of restoring confidence in using the NHS from a public point of view. The Chair advised that further discussion would take place on the Risk Register later in the meeting and thought would also need to be given in relation to what the CCG would need to be doing to maintain organisational safety.

Resolved:

(a)	The Action List from the meeting held on 10 March 2020 and the update provided 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
Karen Marshall		Karen Marshall declared that, for the last few weeks, she had been volunteering at the Jean Bishop Centre and working in a clinical advisory capacity. She advised that she had just stepped down as they were now up to a full complement of staff and the system was working well at the moment. The declaration was noted and no further action needed to be taken.

It had been agreed with the Associate Director of Corporate Affairs that a separate Conflict of Interest template would be set up for those undertaking voluntary work in the public domain due to the current need for people to offer their services and help where they could.

Resolved:

(a)	The above declaration of interest was noted, and
(b)	The Associate Director of Corporate Affairs would arrange for a separate Conflict of Interest template to be set up for those undertaking voluntary work in the public domain due to the current need for people to offer their services and help where they could.

6. EXTERNAL AUDIT

6.1 DRAFT AUDIT COMPLETION REPORT

Mark Kirkham, Mazars LLP, presented the draft Audit Completion Report (ACR) for NHS Hull CCG for the year ending 31 March 2020, which set out the findings of the work carried out in relation to the opinion and value for money conclusion.

Detailed in the report was a list of work outstanding; however it was reported at this stage that there were no serious matters to bring to the Committee's attention in relation to the opinion or value for money (vfm) conclusion. It was reported that excellent levels of communication and quality of papers had been provided from managers and officers, which had enabled the audit to progress smoothly. Some of the areas where there was work still to be carried out could result in some reporting matters, but this was not expected to be the case. The Audit Completion Report would be followed up with a letter setting out the findings in relation to each outstanding audit test.

Rob Walker, Mazars LLP, went on to draw out some of the key areas and reported that most of their detailed audit testing had now been completed and would be finalised in the next day or so.

With regard to the value for money conclusion and going concern, the implications of the Covid situation had resulted in effectively going onto an emergency arrangement. It was hoped that at the point of sign off, clarity would be provided in relation to how things would move forward with regard to funding and arrangements. From a going concern perspective, the CCG had received confirmation of allocations for the next two years and this would just need to be documented. For the vfm conclusion it was important that evidence could be seen that there were arrangements in place moving forward.

Significant Findings

Detailed testing on journals had been carried out, this work had now been completed and had concluded that there were no matters arising.

In relation to Related Parties, this work was almost complete, subject to some minor queries.

No major issues had been identified in terms of the accounting practices and there had been no significant matters discussed.

There were no major misstatements at this point, but work was not quite complete and there may be other issues that would be reported later.

In terms of the vfm work – as much work as possible had been completed at this point and based on previous years and the knowledge that the CCG had arrangements in place. Some follow up work would need to be carried out at the final position just before sign off.

It was reported that Service Auditor Reports were also still awaited, which provided a host of assurances. There was a possibility that some of these might be delayed and whilst good progress was being made to complete sign off in May, this posed a risk to this not being possible. A clearer view would be known by the end of the week.

The Chief Finance Officer expressed her thanks to the external auditors, and in particular the team, for the work they had done in getting the CCG to the position it was in currently, notwithstanding there was still work to be undertaken and there was a risk that some further matters would need to be reported to the IAGC. In terms of going concern, the Chief Finance Officer had been linking in with national webinars and one of the biggest areas nationally was the approach to how going concern would be handled in light of Covid and it was anticipated that a standard form of words would be provided by the national team to reflect throughout the documentation.

The Chair also wished to congratulate everyone involved in getting the CCG to this position.

Assurance:

The Board can be assured that, from the findings of the audit of the financial statements for the year ending 31 March 2020, it was anticipated that NHS Hull CCG would be issued with an unqualified opinion with no exceptions to report.

Resolved:

(a)	Integrated Audit and Governance Committee members noted the contents of the Draft Audit Completion Report, and
(b)	a copy of the Audit Completion Report update letter would be brought to the extraordinary meeting of the IAGC on 20 May 2020.

6.2 DRAFT CCG LETTER OF UNDERSTANDING OF MANAGEMENT PROCESSES AND ARRANGEMENTS FOR THE 2019/20 AUDIT

Following a request for information made by the auditors in relation to the 2019/20 audit, Members had been provided with a copy of a comprehensive and reflective draft letter of response from the IAGC Chair, which outlined NHS Hull CCG’s management processes and arrangements in place for the 2019/20 Audit. Subject to the inclusion of a standard form of words in relation to how going concern would be handled in light of Covid, this would be submitted as a final letter at the appropriate time

Assurance:

The Board can be assured that the CCG had robust management processes and arrangements in place for the 2019/20 Audit.

Resolved:

(a)	The content of the IAGC Chair’s draft letter of response in relation to a request for information made by the auditors as part of the 2019/20 audit which outlined NHS Hull CCG’s management processes and arrangements in place for the 2019/20 audit was duly noted and subject to the inclusion of a standard form of words in relation to how going concern would be handled in light of Covid, this would be submitted as a final letter at the appropriate time.
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Rob Walker (Mazars) left the meeting at 9.26am

7. INTERNAL AUDIT

7.1 INTERNAL AUDIT PROGRESS REPORT

Stuart Fallowfield, AuditOne, 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 the following three final reports had been issued since the last meeting of the IAGC held on 10 March 2020:

- Data Security and Protection (DSP) Toolkit – **Good Assurance** Rating
- Risk Management – **Substantial Assurance** Rating
- Assurance Framework – **Substantial Assurance** Rating

This work now completed the plan for this year. There had been no changes made to the 2019/20 Internal Audit Plan and all work had been delivered.

With regard to the follow up summary and agreed recommendations with revised implementation dates, it was recognised that most of these would not be able to be actioned by the implementation dates, particularly around the low priorities, due to the current pressures of managing the Covid situation.

In relation to the agreed actions with overdue recommendations with no status update, again it was understood that there were much more pressing issues which needed to be addressed. These would be revisited in due course.

Appendix 1 - the summary of the Internal Audit Plan 2019/20 showed all the work that had been completed throughout the year and, with the exception of Continuing Healthcare and the DSP Toolkit, these had all provided a **substantial** level of assurance

Appendix 2 – Final Reports

Data Security and Protection (DSP) Toolkit final report. As mentioned at the previous meeting, this had primarily been a timing issue, however it was a good outcome in terms of a **Good** assurance level, with two agreed recommendations. This had been fairly consistent across other CCG organisations in terms of timing. It was noted that, moving forward, the DSP Toolkit submission date had been moved from 31 March to 30 September which would provide more time to complete the work.

The final reports for Risk Management Arrangements and the 2019-20 Assurance Framework had both provided a **substantial** level of assurance and were very positive.

Appendix 4 - Draft Head of Internal Audit Opinion (HoIAO) for the year ending 31 March 2020. This was a second draft HoIAO, based on the work carried out. The final HoIAO would be completed by 26 May 2020 and it was not expected that the overall opinion would be changed but there may be something to note.

The purpose of the annual Head on Internal Audit Opinion was to contribute to the assurances available to the Accountable Officer and the Board which underpinned the organisation's own assessment of the effectiveness of the system of internal control and, in turn, assisted in the completion of the Annual Governance Statement.

The HoIAO provided a draft opinion of **substantial** assurance that the system of internal control had been effectively designed to meet the organisation's objectives, and that controls were being consistently applied. The basis for forming the opinion was explained and noted.

A further update on the HoIAO would be provided to the IAGC meeting on 20 May 2020.

The Chair welcomed the pleasing outcome and thanked everyone concerned for their contribution.

Assurance:

The Board can be assured of satisfactory progress and outcomes in delivering the Internal Audit Plan or 2019/20, all work against which was now complete.

The following three final reports had been issued for the audits on::

Risk Management – **Substantial** Assurance Rating

Assurance Framework - **Substantial** Assurance Rating

Data Security and Protection (DSP) Toolkit – **Good** Assurance Rating

The draft Head of Internal Audit Opinion (HoIAO) for 2019/20 had provided an overall “**substantial assurance**” opinion based on completed work to 27 April 2020. As all planned work was now reported on, the final submission in June would provide the same opinion.

Resolved:

(a)	Integrated Audit and Governance Committee Members noted the progress against the 2019/20 Internal Audit Plan which was now complete, and
(b)	Integrated Audit and Governance Committee Members noted the that the draft Head of Internal Audit Opinion (HoIAO) for 2019/20 had provided an overall “ substantial assurance ”

Stuart Fallowfield (AuditOne) left the meeting at 9.40am

8. FINANCIAL GOVERNANCE

8.1 FINANCE AND CONTRACT UPDATE IN RELATION TO COVID 19

The Chief Finance Officer stated that she had anticipated receiving some formal guidance around what the arrangements for the financial framework would look like for the remainder of 2020/21; however the latest webinar for NHS CFOs held on 7 May 2020 had provided very little in terms of clarity around what the arrangements would be post July 2020. There had been a commitment that in the coming days and weeks, clarity and additional guidance would be provided.

The Chief Finance Officer proposed that if she had not had anything formally notified in terms of further guidance by the end of the week, she would produce a formal report and update for the EO IAGC meeting on 20 May 2020 to take IAGC members through where we were in terms of the response to Covid. The Chair was comfortable with this approach.

The Chief Finance Officer went on to say that, even though we were only at the beginning of month 2, there had been such a significant change to a lot of the financial regime that we were operating that we would need to look at something very pragmatic and sensible for the entire financial year. It was proposed that for 2020/21 we would need to look at a fixed arrangement for as many of our providers and commissioners as we possibly could and all indications were that the guidance that was awaited would confirm that this is the approach that is likely to be taken. Vfm and issues of financial probity would need to be documented within this financial year to provide assurance to the IAGC that the CCG was maintaining strict control whilst working within the guidelines of a dynamic and changing environment.

The Chair agreed with the proposed approach which was essential and which should be transparent and one with which the auditors were comfortable. She stated that the key issues would be to look at the overall position and look at capacity issues across the system. Assurance would also need to be provided that Covid money was being spent appropriately and, should we hit a crisis peak for this area, that we could cope with what might be coming in terms of financial spread.

Mark Kirkham stated that there had been a commitment from the Chancellor in February that the NHS would get whatever it needed in terms of finances to deal with the crisis and also to stabilise the system; however pressure was already building in the care sector and also in local authorities and small district councils and public finances would be in particular jeopardy. The Chief Finance Officer advised that she was maintaining close communication with the local authority as the financial consequences to them were being flagged as significant. Reference would be made within the update report to the impact of Place and the close working with the local authority as it was appropriate to reflect the totality of the risk, not just for the CCG.

Assurance:

The Board can be assured that the CCG was in compliance with instructions received to date in relation to recording and evidencing all Covid related expenditure; further guidance was awaited from NHS England in relation to the financial framework for the remainder of 2020/21 and once this guidance had been received, the Chief Finance Office would provide a formal update to inform members.

Resolved:

(a)	The Chief Finance Officer would provide a formal update on the finance and contract position in relation to Covid 19 at the EO meeting of the IAGC on 20 May 2020
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8.2 LOSSES AND SPECIAL PAYMENTS

There were no losses or special payments to report.

9. GOVERNANCE

9.1 WAIVING OF PRIME FINANCIAL POLICIES

There were no tender waivers to report to this meeting.

**Sarah Milner left the meeting at 9.50am and
Deborah Lowe joined the meeting at 9.50am**

9.2 CORPORATE RISK REGISTER

The Chair advised that, in line with discussions both at the last meeting and outside of the meeting with the Associate Director of Corporate Affairs, she had requested that the Corporate Risk Register be focussed on the emerging priorities and risks that the organisation was facing in relation to the current Covid position, whilst keeping an eye on risks that may change during that time. She further stated that the BAF at this time of year was just about to be re-cast for the coming financial year and, although it was really important that the current BAF be considered and wrapped up properly, the focus would need to be on the active risks on the risk

register and anything that would make a significant change on the BAF would be reported.

The Associated Director of Corporate Affairs re-iterated that the focus for both the BAF and Risk Register had been on two aspects: pandemic related risks and any deterioration of risk ratings.

It was reported that the BAF remained an active document and there were a number of updates within it. The process for the setting of the new strategic objectives for the organisation had been delayed slightly on account of the system response; however this had been discussed at SLT and by the time of the next meeting a re-cast and updated BAF should be available for members to scrutinise and review.

In relation to the risk register, there were currently 37 risks on the CCG risk register, of which 21 were presented for members' information because they were rated either as high or extreme. There was still only one extreme risk. The majority of risks had Covid related, or otherwise related updates, set out within them which were reporting a reasonable degree of progress in relation to the mitigating actions to manage the risks.

In terms of primary care risks, it could be seen from the updates provided that there had been a system response in primary care, in that the CCG were provided in-reach support and generally the feedback was that the system was responding well. The key would be the next transition phase and how recovery risks associated with the pandemic would be accurately reflected.

The Deputy Director of Quality and Clinical Governance / Lead Nurse reported that, from a quality perspective, each risk had been reviewed in terms of where it was previously and how it looked in terms of Covid. In terms of quality, more focus was being put on safety and harm at this time; quality assurance frameworks had been reviewed and advisory frameworks had been put in place to be able to maintain the level of oversight and scrutiny within all providers. These were now up and running and able to provide a remote solution which was far more focussed and very exception reporting whilst being less about improvement and more about forward thinking and very clear in terms of patient safety and patient harm. They all reported through current processes around SIs and complaints and a lot of information which came through from a BI perspective was still able to be accessed and monitored. There were processes in place to monitor information which was reviewed on a weekly basis which provided assurance of oversight over information, but also in respect of patient safety and patient harm. One areas of real focus had been CHC, this was a difficult to reach group because many of these were independent packages and people out in the community. An enormous amount of work had been carried around CHC packages and people with a personal health budget to make sure registers were up to date and people had the right level of physical support, resources or contact to be able to manage under Covid.

The Associate Director of Corporate Affairs commented that, in relation to extreme rated risk 902, which was about the ability to maintain a resilient primary care workforce, there was a comprehensive update which articulated well the response by primary care to the current pandemic and the shift in service that they have undertaken, along with the support that the CCG has provided including the implementation of a daily sitrep for primary care. The next stage would be how to

bridge the gap from where we were now to where we needed to be. The committees in the organisation were still meeting and it was proposed sending a further communication to risk owners about expectations in relation to how concerns or risks discussed at committee level subsequently got reported on the risk register, particularly with reference to key risks related to the recovery aspects that each committee would be looking at.

Jason Stamp stated that there were some immediate and emerging risks that needed to be tackled as part of the Covid work including legal duties, public engagement duties and equality duties. The instruction from the centre was that we would need to be proportionate but we would not need to lose sight of these duties. Part of the learning from the impact of Covid was the whole issue around care homes and integrated social care which was quite significant, along with what it had revealed in terms of health inequality and in particular parts of our communities which we would need to think about in terms of risk.

He also asked if the risk for the CCG as an employer was articulated anywhere and how we would protect staff and as we managed the transition to a new way of working. The Associate Director of Corporate Affairs advised that the executive team were looking very carefully at this area and he could provide a degree of assurance that all aspects were being considered which included HR, health and wellbeing and staff side input and confirmed that a new risk would be added on the risk register in regard to this area outside of the meeting.

The Deputy Director of Quality and Clinical Governance / Lead Nurse advised that a working group had been established which included staff side involvement, HR involvement and also involvement from Will Clement from an organisational development and health and wellbeing perspective. The environment would look different going forward and it would be important to support staff and acknowledge differences, whilst recognising personal needs and personal circumstances. It was acknowledged that it would be a gradual process to support staff in their transition back to the workplace.

The Chair expressed concern in relation to patients in primary care not accessing the service as there was currently a reluctance for people to go into healthcare settings. It was agreed that patient experience would be looked at and assurance and encouragement would be provided to people with regard to the appropriate use of primary care.

The Associate Director of Corporate Affairs stated that there were a number of elements which had arisen from the discussions which he would work through and look to reflect in the next version of the risk register as they were relevant to the guidance that had been issued after the last meeting.

Ian Goode stated that, in addition to looking at the risk register as it was now, it would also be important to think about how it might look in 6 months' time to try and get ahead and anticipate what the extra demand would be. He also sought assurance that work was being done to get ahead of the potential spike in demand and that there were steps in place to minimise or limit the risk register from growing.

The Associate Director of Corporate Affairs stated that the first priority was to make sure that those that are risks to the organisation are reflected. In terms of existing risks, these would reflect the ongoing discussions within the organisation as to what

our priorities were and what we do as an organisation moving forward, including picking up paused and slowed down previous priorities which may evolve and change. The risk register was a fluid document and a reflection of the business of the organisation. SLT discussions were taking place around where the focus of the organisation would be moving forward

The Deputy Director of Quality and Clinical Governance / Lead Nurse advised that the CCG was also working with other organisations, therefore from a quality and a safeguarding perspective, risks were monitored as part of a governance and oversight piece so that all committees were continuing to run remotely and risks discussed as a key part both in terms of new risks and new challenges, new practice and new areas of developmental change. This was captured wider and then filtered onto our CCG risk register.

Assurance:

The Board can be assured that a primary focus had been given to existing or new risks which related to the current pandemic situation. For the remaining existing risks, individual risk owners had been asked to highlight / update any of their risks where they believed there was deterioration in the controls, assurances or risk rating of the risk. This guidance would remain under review on a monthly basis and in the light of ongoing discussion with the Committee Chair.

A new risk would be added to the risk register in relation to the risk for the CCG as an employer and how we would protect staff and as we managed the transition to a new way of working

Resolved:

(a)	IAGC Members noted the updates provided against the risk register and that, in the current national major incident circumstances, a primary focus had been given to existing <i>or new</i> risks which related to the pandemic, and
(b)	A new risk would be added to the risk register in relation to the risk for the CCG as an employer and how we would protect staff and as we managed the transition to a new way of working

9.3 BOARD ASSURANCE FRAMEWORK (BAF)

The Associate Director of Corporate Affairs stated that, In terms of the BAF, the risks to the organisation had been covered in earlier discussions, along with where the organisation was and where it expected to be in the next couple of months; not underestimated the challenges faced this year of getting a good grip of the strategic objectives when looking at the wide range of priorities that the CCG may well have for 2020/21 when looking at the wider system and indeed the recovery phase.

There were a number of updates on the BAF which would continue to be kept as an active document until such time as the new BAF was presented for consideration.

The Chair questioned whether the CCG would be looking at any shared risks with other organisations. The Associate Director of Corporate Affairs provided assurance that, although there may be some very similar objectives across the system, the organisation would continue to own its own risks. The CCG may be part of a wider

response, but we would be accountable for our part of that which should be reflected in our own BAF and risk register.

Assurance:

The Board can be assured that, priority had been given to existing or new risks which related to the pandemic. For the remaining existing risks, attention had been given to any risks where it was believed there was deterioration in the controls, assurances or risk rating.

A full re-cast of the Framework would be undertaken following confirmation of the finalised 2020/21 strategic objectives.

The Board can be assured that the Chair had asked the external auditors if they were comfortable with our approach to both the risk register and the BAF and they were supportive of our pragmatic approach.

Resolved:

(a)	Integrated Audit and Governance Committee Members noted the updates provided against the assessed risks on the 2019/20 Board Assurance Framework, and
(b)	It was noted that a full re-cast of the Framework would be undertaken following confirmation of the finalised 2020/21 strategic objectives.

9.4 DECLARATIONS OF INTEREST FOR COMMITTEE MEMBERS, EMPLOYEES AND RELEVANT OTHERS, BOARD MEMBERS AND COUNCIL OF MEMBERS

The purpose of this report was to update the Integrated Audit and Governance Committee (IAGC) on the Declarations of Interest for Committee Members, Employees and relevant others, Board Members and Council of Members.

The declarations of interest were noted.

Assurance:

The Board can be assured that the CCG has received updated Declarations of Interest for Committee Members, Employees and Relevant Others, Board Members and Council of Members.

Resolved:

(a)	IAGC Members noted the Declarations of Interest for Committee Members, Employees and Relevant Others, Board Members and Council of Members.
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9.5 DECLARATIONS OF GIFTS AND HOSPITALITY REPORT

The purpose of this report was to present the declarations of gifts and hospitality made since the last report to the Integrated Audit and Governance Committee (IAGC) meeting held on 12 November 2019.

The declarations of gifts and hospitality were noted.

Assurance:

The Board can be assured that the CCG maintains a register of all declarations of gifts and hospitality which is regularly reviewed by the IAGC.

Resolved:

(a)	IAGC members noted the declarations of gifts and hospitality made since the report to the IAGC on 12 November 2019
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- 9.6 HEALTH, SAFETY AND SECURITY GROUP (H,S&SG) MINUTES** - the minutes of the meeting held on 5 March 2020 were noted.
- 9.7 QUALITY AND PERFORMANCE COMMITTEE MINUTES** – the minutes from the meetings held on 26 February 2020 were noted.
- 9.8 PRIMARY CARE QUALITY AND PERFORMANCE SUB-COMMITTEE MINUTES** – there were no approved minutes available for this meeting.
- 9.9 PRIMARY CARE COMMISSIONING COMMITTEE MINUTES** – the minutes of the meeting held on 28 February 2020 were noted.
- 9.10 PLANNING AND COMMISSIONING COMMITTEE MINUTES** - the minutes of the meetings held on 7 February 2020, 6 March 2020 and 3 April 2020 were noted.
- 9.11 COMMITTEES IN COMMON MINUTES** – there were no approved minutes available for this meeting.
- 9.12 INFORMATION GOVERNANCE STEERING GROUP ACTION NOTES** – the action notes from the meeting held on 18 February 2020 were noted.
- 9.13 JOINT EMERGENCY PREPAREDNESS RESILIENCE AND RESPONSE / BUSINESS CONTINUITY MANAGEMENT (EPRR/BCM) GROUP ACTION NOTES**
There were no approved minutes available for this meeting.

The Associate Director of Corporate Affairs advised that the system-wide response, which had instigated a formal major incident response structure, had overtaken the day to day work to maintain business continuity. When this was stood down, or when we moved to a recovery phase, routine meetings of the joint EPRR/BCM would be re-instated.

10. GENERAL

10.1 ANY OTHER BUSINESS

There were no items of any other business to report.

10.2 DATE AND TIME OF NEXT MEETING

The next full meeting of the IAGC will be held on **Tuesday 7 July 2020** at 9.00am

There will be extraordinary IAGC meeting on **Wednesday 20 May 2020** at 1.30pm to review the audited accounts and make a recommendation to the Board.

A handwritten signature in black ink, appearing to read 'Stanley', is positioned above the text 'Signed:'. The signature is written in a cursive style with a large initial 'S'.

Signed:

Chair of the Integrated Audit and Governance Committee

Date: 7 July 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
EROY 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
SEND	Special Educational Needs and Disability
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