

INTEGRATED AUDIT AND GOVERNANCE COMMITTEE

**MINUTES OF THE MEETING HELD ON 7 JULY 2020 AT 9.00AM
Via GotoMeeting video conference**

PRESENT:

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

IN ATTENDANCE:

C Best, AuditOne, (Internal Audit)
N Cooper, AuditOne (Local Counter Fraud Specialist) - *(joined for item 7.3)*
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)
- *(joined from item 9)*
M Longden, NHS Hull CCG (Corporate Affairs Manager) - *(joined from item 9)*
M Napier, NHS Hull CCG (Associate Director of Corporate Affairs)
E Sayner, NHS Hull CCG (Chief Finance Officer)
D Storr, NHS Hull CCG (Deputy Chief Finance Officer)
Phil Davis, NHS Hull CCG (Strategic Lead Primary Care) – *(joined for item 9.7)*
Julie Gray, NECS, Senior Medicines Optimisation Specialist Technician - *(joined for item 9.7)*

1. APOLOGIES FOR ABSENCE

Apologies had been received from Rob Walker, Mazars LPP

2. MINUTES OF THE PREVIOUS MEETING HELD ON 12 MAY 2020

The minutes of the Integrated Audit and Governance Committee (IAGC) meeting held on 12 May 2020 were submitted for approval. It was agreed that these were a true and accurate record of the meeting.

MINUTES OF THE EXTRAORDINARY MEETING HELD ON 20 MAY 2020

The minutes of the extraordinary IAGC meeting held on 20 May 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 12 May 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 20 May 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 12 May 2020 was presented for information.

Resolved:

(a)	The Action List from the meeting held on 12 May 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)	The Chair advised that she had one item of Any Other Business for noting at item 10.1
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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)	No declarations of interest were made.
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6. EXTERNAL AUDIT

6.1 ANNUAL AUDIT LETTER HULL CCG 2019/20

Mark Kirkham, Mazars, presented the Annual Audit Letter (AAL) for NHS Hull CCG for the year ending 31 March 2020 and he stated that, whilst it had been a difficult time for the NHS, the CCG had risen to the new and unexpected challenges. Under the heading "Purpose of the Annual Audit Letter" reference had been made to the unusual circumstances the CCG had successfully worked through, especially in connection with helping deliver the audit responsibilities.

The key messages in the Annual Audit Letter had previously been reported to the IAGC; however members were advised that an additional element had been added titled “Forward Look” at Section 6. This section related to the changing financial and operational challenges the CCG was facing in the light of the of the NHS response to the COVID-19 emergency.

As a result of the pandemic, planning assumptions had been withdrawn and CCGs had been instructed to make payments to main providers on an emergency basis for the period April-July 2020 and to record all COVID-19 related costs to allow for reimbursement. Further financial planning guidance was awaited for the rest of the financial year from August 2020 to March 2021.

The CCG and its’ partners were also facing a number of ongoing operational challenges, which included the impact of an estimated 10% capacity reduction due to social distancing and the extent to which that would impact on their providers and their own financial sustainability.

The CCG would need to work collaboratively with its partners to deliver plans to address local priorities and the response to COVID-19. Working collectively as part of the Humber Integrated Care System (ICS) to redesign care and improve population health, due regard would need to be given to robust governance arrangements and accountability.

The Chief Finance Officer fully agreed with what had been said in the “Forward Look” section of the Annual Audit Letter and stated that the CCG could not understate the uncertainty it faced in terms of what the next phase of financial regime was going to look like. Once the guidance had been received, the CCG would need to interpret it and understand what it meant for both the organisation and working as part of the wider system. The Chief Finance Officer stated that she would link in closely with Mark Kirkham and his team with regard to what it would mean from an audit and compliance perspective as we move forwards. There was also a need to understand how the statutory accountability and the CCG allocations were going to work in the context of system financial oversight. The guidance was still awaited but given the anticipation of the new regime operating from 1 August 2020, there was a strong likelihood that, due to the timing, the current arrangements that had been in place for the first four months of the financial year would be extended for a further month.

As the IAGC would not be meeting again until September, the Chief Finance Officer proposed as an action to formalise the fact that she would be engaging with Mark Kirkham and his team in the intervening period due to the level of change that was anticipated.

IAGC members approved the Annual Audit Letter for Hull CCG 2019/20

Assurance:

The Board can be assured that the contents of the NHS Hull CCG Annual Audit Letter 2019/20, which summarised the findings and key issues arising from the 2019/20 audit at Hull CCG, had provided an unqualified opinion on the financial statements and had not identified any issues to report.

A “Forward Look” section had been included which related to the changing financial and operational challenges the CCG was facing in the light of the of the NHS response to the COVID-19 emergency.

The IAGC recommended that the CCG Board formally ratified the NHS Hull CCG Annual Audit Letter 2019/20 for publication on the CCG’s website.

Resolved:

(a)	IAGC members approved the Annual Audit Letter for Hull CCG 2019/20;
(b)	the IAGC recommended that the CCG Board formally ratified the Annual Audit Letter 2019/20 at its next meeting on 24 July 2020 for publication on the CCG website, and
(c)	a meeting would be arranged between the Chief Finance Officer and Mark Kirkham and his team for mid-late August 2020, prior to the next IAGC meeting in September, to discuss a way forward.

7. INTERNAL AUDIT

7.1 INTERNAL AUDIT PROGRESS REPORT

Carl Best, AuditOne, presented the Internal Audit Progress Report to inform the IAGC on progress against the 2020/21 Internal Audit Plan at Hull CCG since the last Committee meeting on 12 May 2020.

The following update was provided:

No final reports had been issued since the last meeting and no changes had been made to the 2020/21 Internal Audit Plan.

Members were advised that, due to the response to COVID-19, the service had effectively been stood down in quarter 1 with a number of staff having been re-deployed into non-audit roles, therefore there had been no activity in this period. With effect from 1 July 2020, Internal Audit staff had been returning to their roles and indicative scoping for the areas planned for quarter 2 had been issued and, once start dates had been agreed with the CCG, work would commence against the 2020/21 audit programme.

At the end of March 2020, the follow up process had been paused for a 3 month period and this had re-commenced in June 2020. The up to date position was presented in terms of recommendations that were passed their target dates which would be followed up. The Chair stated that it would be important to cover the most appropriate and relevant areas for the CCG. The Chief Finance Officer agreed that there was a need to scope out carefully what would add the most value at this time, e.g. a review of financial controls and process in terms of how the CCG were handling the impact of COVID-19 to gain some level of assurance.

Assurance:

- (i) The Board can be assured that work against the Internal Audit Plan 2020/21 would commence in Quarter 2 and there would be a focus on the most appropriate and relevant areas for the CCG which would add the most value at this time.

Resolved:

(a)	Integrated Audit and Governance Committee Members noted the contents of the Internal Audit Progress Report and the update provided
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7.2 INTERNAL AUDIT ANNUAL REPORT 2019/20

Carl Best, AuditOne, presented the Internal Audit Annual Report 2019/20 for review and approval.

The Annual Report provided a summary of the 2019/20 audit activity and included the final Head of Internal Audit Opinion for the year which had provided an overall opinion of **substantial assurance**.

During the year, all of the work set out had been delivered and there had been no issues experienced in year.

The one high priority finding raised in year was around CHC which was not due until October and this would be picked up in due course.

IAGC Members noted and formally approved the Internal Audit Annual Report for 2019/20.

Assurance:

The Board can be assured that the Internal Audit Annual Report for 2019/20, which included the final Head of Internal Audit Opinion for the year, had provided an overall opinion of **substantial assurance**.

Resolved:

(a)	Integrated Audit and Governance Committee members noted and approved the Internal Audit Annual Report for 2019/20.
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Nikki Cooper, Local Counter Fraud Specialist, AuditOne, joined the meeting

7.3 HULL CCG 6-MONTH COUNTER FRAUD WORKPLAN 1 APRIL 2020 – 30 SEPTEMBER 2020

The Local Counter Fraud Specialist presented the updated 6-month Counter Fraud Workplan for Hull CCG for members' information.

The workplan provided a summary of the SRT for information and a section had been added to show the differences between the amber and green ratings.

The Chair stated that the CCG would endeavour to meet the standards for the green ratings where it could, but this would be tempered by the current working conditions and the areas that would need to take priority.

IAGC members noted the contents of the 6-month Counter Fraud Workplan with the above caveat.

The Associate Director of Corporate Affairs asked if, in the emergency circumstances people have been working under in the COVID-19 environment,

there was a sense of a heightened awareness around the potential for risk around fraud.

The Local Counter Fraud Specialist advised that four high risk areas had been identified where COVID-19-related attempts had been made, namely: third party expenditure, timesheets, procurement and invoice-related issues and this information had been e-mailed out to providers – a copy of the document sent to providers would be shared so that the IAGC had an awareness of the risk.

The Chief Finance Officer provided assurance that a great deal of challenge had been put into the new arrangements, particular with the approach taken around approving additional COVID-19-related costs but any further opportunities for more pro-active approaches would be considered throughout the rest of this year, accepting that the CCG was a commissioning only organisation.

Assurance:

The Board can be assured that pro-active counter fraud work was being carried in the CCG against the 6-month Counter Fraud Workplan for Hull CCG. The IAGC had an awareness of the identified risk areas for the potential for fraud in the current COVID-19 environment related to providers.

Resolved:

(a)	Integrated Audit and Governance Committee members noted the contents of the updated 6-month Counter Fraud Workplan for Hull CCG
(b)	A copy of the document sent to providers in relation to identified risk areas in respect of COVID-19-related fraud would be shared

Nikki Cooper, Local Counter Fraud Specialist, AuditOne, left the meeting

8. FINANCIAL GOVERNANCE

8.1 FINANCIAL REPORT

The Deputy Chief Finance Officer presented the Financial Report for consideration, which provided the summary financial performance for the period 1 April 2020 to 31 May 2020 and the performance against financial targets.

Members were advised that, due to the COVID-19 pandemic, there had been significant changes in the finance regime that the CCG was working within.

The CCG was currently forecasting to exceed the allocation received to cover the period to the end of July 2020.

The running cost allocation for this shortened period was £1.665m and the current forecast was that expenditure would exceed this.

Financial Regime

In response to COVID-19, a temporary financial regime had been put in the place to cover the period 1 April 2020 to 31 July 2020, the main changes of which had been summarised. Members were advised that the revised financial regime and service changes in response to COVID-19 would have an impact on individual CCG financial positions and affordability of positions against allocations.

The intention of all of these changes was to ensure that services continued to be delivered and that central control of expenditure during the pandemic was maintained. It was also intended to remove unwarranted impact from changes to the financial regime on CCG cumulative surplus and deficits for the period.

Guidance had been provided until the end of Month 4 which we were now in and further guidance was now awaited.

Financial Performance

The following main areas of overspend were related to COVID-19:

Primary Care Delegated Commissioning – forecast overspend £481k

The budgets had been set nationally and did not factor in the changes to the GP contracts that were meant to happen this year.

Local Enhanced Services – forecast overspend £331k

This related to the additional GP claims under COVID-19 that were being put through. There was a system in place to monitor and check these claims before the money was released.

Continuing Healthcare – forecast overspend £154k

Forecasts were currently in line with prior year costs. The council was still working through the impact of the Hospital Discharge Policy implemented due to the COVID-19 pandemic these costs may increase significantly. The government had provided additional support in the form of £1.16m of cash, however this had not yet been reflected in resource allocation and further guidance was awaited in relation to this.

Jason Stamp expressed concern in relation to the current situation with Continuing Healthcare and the lack of system and process to resolve the issues to gain an accurate position. The Chair shared these concerns and advised that CHC was on the Internal Audit workplan and this area would need to be scoped out accurately to look at processes. A scheduled update report would be brought to the IAGC in November to report on the current position and there was also a CHC risk on the risk register which related to the BI aspect. An update on CHC would continue to be included in the financial report. The Chief Finance Officer stated that this was an area which still needed to be fully understood and on which a close track would need to be kept.

Running Cost Budget – forecast overspend £6k

Although this was not a significant value, it was one of the CCG's financial targets. This was due to additional staffing and communication costs associated with COVID-19.

The CCG was continuing to work closely with NHSE/I to ensure that they were aware of the financial position and the reasons for the variances on the CCG's ledger.

Better Payment Practice Code (BPPC) (30 day target)

Performance to 31 May 2020 was 91.07% on value and 96.7% on number for non NHS invoices and 99.65% and 97.14% on the value and number of NHS invoices respectively. This was as a result of 2 invoices over £100k from Hull City council that were paid shortly after the 30 day period.

Delivery of Quality Innovation Productivity and Prevention targets

Due to the implementation of nationally determined block contracts and changes in contracting responsibilities to non-NHS acute providers NHSE/I had suspended all monitoring and reporting of QIPP programmes.

Health and Care Partnership Income and Expenditure Budgets

Arrangements for hosting this function had changed as of the 1 of June 2020. The ICS was now hosted by HUTH NHS Trust and therefore the CCG would no longer receive funding allocations in relation to the hosting of this service. Finance teams were working together to confirm the correct treatment of funding and expenditure for the first two months of the year. The intention was for all costs to be recharged to HUTH NHS Trust along with any associated funding. Going forward NHS Hull CCG would receive a recharge invoice for its share of costs in the same way that it used to charge other partner organisations.

Assurance:

There had been significant change in the financial regime due to COVID-19 and much remained unclear as to how this would be managed for the rest of the year. Although The CCG was currently reporting that it would not achieve the financial targets for the end of period 4 it was anticipated that this would be resolved at a national level by the end of the financial year.

The CCG was continuing to work closely with NHSE/I to ensure that they were aware of the financial position and the reasons for the variances on the CCG's ledger.

Resolved:

(a)	Integrated Audit and Governance Committee Members noted the performance for the year to 31 May 2019 and noted the forecast of a balanced in year position, and
(b)	Integrated Audit and Governance Committee Members noted the performance against financial targets.

8.2 LOSSES AND SPECIAL PAYMENTS

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

8.3 UPDATE ON FINANCIAL MANAGEMENT GUIDANCE FOR CCGS

The Chief Finance Officer commented that she had covered this area earlier under the Annual Audit Letter item and advised that it had been hoped that further guidance would have been shared by now; however this was still awaited.

The Chief Finance Officer re-iterated her concern with regard to the next phase of financial regime which could involve system working being imposed requiring a high level of maturity across H, C&V, and more specifically across the Humber, as it was likely that there would be a Humber-wide system finance envelope set for this part of the ICS. The key would be to understand how the system-wide finance envelope would sit alongside CCG statutory responsibility.

Debbie Lowe, Deputy Director of Quality and Clinical Governance / Lead Nurse and Michelle Longden, Corporate Affairs Manager, joined the meeting

9. GOVERNANCE

9.1 WAIVING OF PRIME FINANCIAL POLICIES

There were no tender waivers to report to this meeting.

9.2 CORPORATE RISK REGISTER

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

There were 19 risks on the Risk Register which had a current risk rating of high or extreme and were included within the report.

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

- **Risk 929** – Clinical risk impacting on patient safety and quality - due to capacity and availability of CQC (Care Quality Commission) registered Nursing Care Homes in Hull and East Riding.
- Since the issuing of the papers a further risk had been added 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

The following three risks had been assessed by their risk owners as having a reduced risk rating to below the threshold for inclusion in the Committee report, however, they had been included for completeness at the end of the register, along with the rational for reducing the risk, these were:

- **Risk 928** – this related to the override of the safeguarding mechanism on SystemOne. This risk had been reduced from a high risk 12 to a moderate risk 6.
- **Risk 931** – this was in relation to resilience for cyber incidents. This risk had been reduced from a high risk 9 to a moderate risk 6.
- **Risk 940** – this related to the on-going business information aspect of the Continuing Healthcare work. This risk had been reduced from a high risk 12 to a moderate risk 6.

The risk rating for the following two risks had been increased, these were both in relation to the medium term financial plan and the impact of COVID-19, particularly in relation to the provider regime and had been discussed earlier in the meeting:

- **Risk 855** - Failure to achieve the control total for the financial year. This risk had been increased from Moderate Risk 6 to a High Risk 8.
- **Risk 867** - Failure to produce a comprehensive balanced Medium Term Financial Plan. This risk had been increased from 4 to a High Risk 12.

The following comments were made:

Jason Stamp requested that a new Primary Care risk be added which related to workforce and risk assessment around staff as it was felt that this needed to be a risk on its own. The Associate Director of Corporate Affairs advised that this would be actioned immediately and as soon as this risk had been uploaded onto the register it would be circulated to members

The Deputy Director of Quality and Clinical Governance / Lead Nurse advised that this had been discussed by the Chief Operating Officers on 6 July 2020 in order for there to be a standardised risk assessment in use across the three CCGs - feedback from which was awaited. Next steps would be to train managers to implement the risk assessment and start to update people's personal plans aligned with the workplace risk assessment which ran alongside it.

The Chair referred to Risk 911 which related to Humber FT and the pressures on their skill mix. No update had been received since March and in light of COVID-19 and increased workforce pressure assurance was sought in this respect. The Deputy Director of Quality and Clinical Governance / Lead Nurse advised that the CCG monitored safe staffing in terms of number of absence and skill-mix as part of the Quality meetings and Humber were continuing to provide the information around safe staffing. Humber were looking more resourcefully around how they use their MDT. Humber had been impacted by COVID-19 in terms of staffing but they had managed to retain safe numbers during that period.

They had produced a strategy around workforce recruitment and working at Humber which had been well received and it was noted that here was a national challenge around recruitment and retention.

With regard to Risk 940 which related to Continuing Healthcare – the Chair questioned if the risk needed to remain the same until some of the outputs had been seen in November. Jason Stamp stated that the risk articulated for CHC could be dropped as it had been mitigated but proposed that a new risk be articulated for CHC as a result of the current risk posed in relation to COVID-19.

It was noted that all three risks on the threshold were time sensitive and could subsequently increase as a result of wider circumstances. The risks would not be lost.

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.

Two new risks had been added to the Risk Register, one related to nursing care home beds and the other related to the CCG as an employer managing staff to a new way of working.

It had also been requested that a new Primary Care risk be added in relation to risk assessment around staff.

Changes in some risk ratings along with the rational had been accepted and these areas would continue to be monitored.

Resolved:

(a)	The continued work to monitor and update the risks on the Risk Register was noted;
(b)	IAGC members: accepted the two new risks that had been articulated ; accepted the risk reductions, which may be temporary; accepted the higher risk rating from a finance perspective;
(c)	It was proposed that a new risk be articulated for CHC as a result of the current risk posed in relation to COVID-19;
(d)	It was requested that a new Primary Care risk be added to the Risk Register in relation to risk assessment around staff, and
(e)	It was agreed that as soon as the above new risk had been uploaded onto the register it would be circulated to members.

9.3 BOARD ASSURANCE FRAMEWORK (BAF)

The Associate Director of Corporate Affairs apologised to members for the late circulation of the BAF.

He advised that the BAF had been completely re-cast in the light of the agreement of the 2020/21 CCG strategic objectives and the subsequent Board Development Workshop held on 26 June 2020 where members had gone through each of the objectives and re-affirmed their agreed outcomes and potential risks in relation to that. The document that had been circulated was the first cut of new BAF.

There were nine strategic objectives and there was a total of 32 risks in relation to those strategic objectives which were set out within the document. There were two areas where there was still some further work to be done in relation to controls and assurance but this would be completed shortly and an updated version would be circulated as soon as this work was completed.

The Associate Director of Corporate Affairs drew members attention to the highest rated risks, which reflected the discussions that took place at the Board Development Workshop. The highest rated risks were under Strategic Objective 6 - Out of Hospital Strategy, particular the development of Primary Care Networks and integrated provision and the risks were lack of capacity within our community providers to deliver the transformation – rated extreme at 20 and patient resistance to change also rated extreme at 20. There were 3 further extreme rated risks, 2 in relation to Objective 7 – Childrens’ Services and an extreme rated risk of 16 in relation to CQC/DFE delivery of the recommendations highlighted by their previous inspections and a further extreme rated risk of 16 in relation to increase in demand not being met. The final extreme rated risk was under Delivery of Statutory Duties which reflected the discussion that took place earlier in the finance section in relation to the move to system-wide performance ratings and a reliance on the performance of others within the system.

Jason Stamp stated that in relation to Strategic Objective 5 more work was needed around Health and Inequalities which needed to be re-articulated in light of the many interdependencies. This would be picked up with the Senior Leadership

Team to expand this section and offer greater assurance around the many aspects of work being targeted.

Members were advised that the reason the current risk ratings were blank at the moment was because everything was listed as an initial risk rating, this would change as time progressed and the latest risk rating would be reflected along with the initial risk rating in order that any changes and progress could be tracked.

As this was a new document, which members had only recently had sight of, any comments on the BAF should be fed back to the Associate Director of Corporate Affairs.

Assurance:

The Board can be assured that IAGC members had had sight of the first cut of the new BAF which had been re-cast in the light of the agreement of the 2020/21 CCG strategic objectives and the subsequent Board Development Workshop held on 26 June 2020. IAGC members had also been given the opportunity to feed back any comments on the BAF to the Associate Director of Corporate Affairs

Resolved:

(a)	The content of the first cut of the new BAF was noted
(c)	Any comments on the BAF should be fed back to the Associate Director of Corporate Affairs.

9.4 FREEDOM OF INFORMATION REQUESTS Q4 AND YEAR END REPORT

The Associate Director of Corporate Affairs presented the Freedom of Information (FOI) Q4 and Year End Report for information. The report provided an update on the current position of FOI requests made to NHS Hull CCG from 1 January 2020 to 31 March 2020. It also provided the Full Year 2019/2020 by Quarter and Year End position.

He stated that it was testament to the FOI team and staff within the CCG that 100% compliance with the 20 working days deadline had been maintained.

The profile of the type of requests received remained very similar. There had been a regular quota of media and corporate companies making requests and in the vast majority of cases either all or some of the information had been provided and, in circumstances where either partial or no information had been provided, this was because either the CCG didn't hold it or it was available elsewhere and in a small minority of cases exemptions may be applied for other reasons, such as commercial sensitivity or personal data.

IAGC members approved the Freedom of Information Requests Q4 and Year End Report.

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 January 2020 to

March 2020 there had been no missed requests and all requests processed in year 2019/2020 had been completed well within the statutory 20 working day deadline.

Resolved:

(a)	IAGC members noted and approved the Freedom of Information Requests Q4 and Year End Report
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9.5 CLAIMS REPORT

The Associate Director of Corporate Affairs advised that there had been no claims to report.

9.6 NHS HULL CCG HEALTH, SAFETY AND SECURITY ANNUAL REPORT 2019/20

The Deputy Director of Quality, Clinical Governance/Lead Nurse presented the Health, Safety and Security Annual Report 2019/20 to inform the IAGC on how the CCG had fulfilled its statutory duties in relation to Health, Safety and Security compliance.

The Health, Safety and Security Group continued to meet on a quarterly basis and the standing items of the group were:

- Policy review and updating
- Incident reviews
- Training compliance
- Risk assessment
- Health, Safety and Security news and Legislation Updates
- Health, Safety and Security Action Plan
- Security Matters

In terms of statutory and mandatory training, compliance was above the target set for the CCG of 85% in all areas.

There had been 2 low level security incidents in year and there had been 5 specific health and safety incidents which on the whole had involved equipment and the environment.

The COVID-19 pandemic situation has had a significant influence on Health and Safety planning. Priorities for 2020/21 would include reviewing the building risk assessment to ensure compliance with the government guidance and ensuring appropriate arrangements are in place and the re-introduction of a Home Working Policy and the associated risk assessments and actions. A lot of work was ongoing in relation to staff currently not being based within Wilberforce Court and things that needed to be put in place both in terms of the environment to make it COVID-19 safe and compliant with the guidance around offices and also in relation to principles going forward around risk assessments for staff for those who are disproportionately affected and also in relation to the health and well-being of staff during this period of time.

Assurance:

The Board can be assured Hull CCG is currently compliant in delivering its responsibilities regarding Health, Safety and Security. All relevant risk assessments have been completed, and are available to staff. Policies have been

completed and there is a good Health and Safety culture established with staff at all levels.

The significant work carried out throughout the year ensures that there is a good foundation for compliance with Health and Safety legislation going forward.

Resolved:

(a)	IAGC members noted and approved the Health, Safety and Security Annual Report 2019/20
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Phil Davis, Strategic Lead Primary Care, and Julie Gray, Senior Medicines Optimisation Specialist Technician, NECS joined the meeting

9.7 PRIMARY CARE REBATE SCHEME POLICY

Following discussion at it's meeting in January 2020, the IAGC had requested a refresh of the Primary Care Rebate Scheme policy and process to accurately reflect the assurance and approval process for all schemes for Hull CCG.

The Chair advised members that the updated Primary Care Rebate Scheme Policy had been through the Planning and Commissioning Committee and had also been subject to some further discussion outside of the meeting and was now being presented to the IAGC for approval.

Phil Davis, Strategic Lead Primary Care, provided an overview of the policy and advised that the main changes had been primarily around clarifying the different roles and responsibilities both of officers and committees. Members were asked to note that, going forward, the IAGC would receive a summary of the clinical discussion that will have happened at the Planning and Commissioning Committee. Julie Gray, Senior Medicines Optimisation Specialist Technician, NECS, further advised that an annual report would be produced and, in relation to rebate extensions, for those rebates whose terms and conditions would continue to be the same – this would go for renewal but there would be a template completed for information purposes to be shared with the IAGC; however, if the terms and conditions changed, the renewal would be treated as a new request.

The Chair requested that the wording in section 6 in relation to the NECS support be changed to read “implement and monitoring of all rebate schemes”.

Jason Stamp sought assurance that the rebate schemes were being considered and reviewed for the benefit of the population of Hull, as opposed to Humber-wide. The Associate Director of Corporate Affairs suggested adding a further bullet point at the bottom of the over-arching principles to reflect that any schemes would be reviewed in the context of the specific needs for Hull residents; or, for a general Humber-wide policy, suggested that a statement could be included to say that any decision would be based on the benefit to residents for whom the CCG is responsible for.

IAGC members noted and approved the Primary Care Rebate Scheme Policy, with the caveat that the Associate Director of Corporate Affairs would work with Julie Gray to agree a suitable form of words to be included to reflect that any schemes would be reviewed in the context of the specific needs for Hull residents

Assurance:

The Board can be assured that the IAGC had approved the Primary Care Rebate Scheme policy and process which had been refreshed to accurately reflect the assurance and approval process for all schemes for Hull CCG.

Resolved:

(a)	IAGC members approved the updated Primary Care Rebate Scheme Policy, subject to the following caveat:
(b)	the Associate Director of Corporate Affairs would work with Julie Gray to agree a suitable form of words to be included to reflect that any schemes would be reviewed in the context of the specific needs for Hull residents

Phil Davis, Strategic Lead Primary Care, and Julie Gray, Senior Medicines Optimisation Specialist Technician, NECS left the meeting

9.8 POLICIES

9.8.1 INFORMATION GOVERNANCE POLICY

Mobile Working Policy and Guidelines

The Associate Director of Corporate Affairs presented a report to notify IAGC Members of the amendments made to the following Corporate Governance Policy which was in line with a refresh of policies within the organisation:

- Mobile Working Policy and Guidelines

There had been no substantive changes made to the policy itself which had required an update to include housekeeping elements and organisational changes. The policy remained particularly relevant at this point in time given the alternative working arrangements that were currently in place and, subject to approval, reference would be made to the policy in the staff newsletter to remind staff of the importance to comply with the guidelines relating to confidentiality and encrypting etc in a home environment.

IAGC Members approved the updated Mobile Working Policy and Guidelines. The updated policy would be shared with all staff and published on the CCG website.

Members were advised that a full copy of the policy and guidelines was available on request.

9.8.2 HEALTH AND SAFETY POLICIES

The Deputy Director of Quality, Clinical Governance/Lead Nurse presented the following Health and Safety Policies and requested approval of the expiry date on these 2 policies to be extended for 1 year, at which time they would be fully reviewed.

- PAT Testing Policy
- Smoke Free Policy

IAGC Members approved the extension of the PAT Testing Policy and Smoke Free Policy for a further year, at which time they would be fully reviewed.

Members were advised that full copies of the policies were available on request.

Assurance:

The Board can be assured that the CCG regularly reviews and updates its Policies. IAGC Members approved the updated Mobile Working Policy and Guidelines and approved the extension of the PAT Testing Policy and Smoke Free Policy for a further year, at which time they would be fully reviewed.

Resolved:

(a)	IAGC Members approved the updated Mobile Working Policy and Guidelines, and
(b)	IAGC Members approved the extension of the PAT Testing Policy and Smoke Free Policy for a further year, at which time they would be fully reviewed.

9.9 IAGC CHAIR'S ANNUAL REPORT 2019/20

The Chair presented her Annual Report for the period 1 April 2019 to 31 March 2020 for consideration and endorsement.

The Chair's Annual Report covered the work of the IAGC throughout the 2019/20 financial year.

IAGC members endorsed the Chair's Annual Report 2019/20 for submission to the CCG Board.

Resolved:

(a)	The Chair's Annual Report 2019/20 was endorsed by the IAGC, and
(b)	the IAGC Chair's Annual Report 2019/20 would be submitted to the CCG Board

9.10 REVIEW OF THE IAGC WORKPLAN

The draft IAGC Workplan for 2020/21 was submitted for consideration and approval.

The IAGC Workplan for 2020/21 which was approved, with the caveat that the terms of reference of the IFR Panel and Pathway Review Group be received by the IAGC.

Resolved:

(a)	IAGC members: reviewed the IAGC Workplan for 2020/21, with the following caveat:
(b)	The terms of reference of IFR Panel and Pathway Review Group be received by the IAGC

9.11 REVIEW OF IAGC TERMS OF REFERENCE

This item had been deferred to the next meeting of the IAGC to be held on 8 September 2020. This item had been put back due to the current climate we were working in and to enable any changes or flexibilities required as a consequence of COVID-19 working to be incorporated

9.12 TERMS OF REFERENCE

Board Committee Terms of Reference

Other relevant groups/sub committees Terms of Reference

This item had been deferred to the next meeting of the IAGC – this again was due to the reason outlined above and a full review of all terms of reference would be carried out in September.

The auditors were asked to note the approach the IAGC was taking.

9.13 HEALTH, SAFETY AND SECURITY GROUP MINUTES – there were no approved minutes to bring to this meeting.

9.14 QUALITY AND PERFORMANCE COMMITTEE MINUTES – the minutes from the meetings held on 21 April 2020 and 19 May 2020 were noted.

9.15 PRIMARY CARE QUALITY AND PERFORMANCE SUB-COMMITTEE MINUTES – the minutes of the meeting held on 15 January 2020 were noted.

9.16 PRIMARY CARE COMMISSIONING COMMITTEE MINUTES – the approved minutes of the meeting held on 24 April 2020 were noted.

9.17 PLANNING AND COMMISSIONING COMMITTEE MINUTES - the minutes from the meeting held on 1 May 2020 were noted.

9.18 COMMITTEES IN COMMON MINUTES - there were no approved minutes to bring to this meeting.

9.19 INFORMATION GOVERNANCE STEERING GROUP ACTION NOTES - there were no approved minutes to bring to this meeting.

10. GENERAL

10.1 ANY OTHER BUSINESS

10.1.1 Members were reminded that it had been agreed at the EO IAGC meeting held on 20 May 2020 that once external audit had completed their work in relation to prescribing expenditure and a final financial position for the organisation had been reached, the CCG Chair and CCG Accountable Officer would take the decision on behalf of the organisation to approve the accounts and would subsequently inform the IAGC Chair that that decision had been taken.

A copy of a letter to the IAGC Chair from the CCG Chair and CCG Accountable Officer confirming that formal sign off of Hull CCG Annual Accounts 2019/20 had taken place on 1 June 2020 had been circulated for information.

10.1.2 Mark Kirkham advised that the results of the review of 2018/19 Mental Health Investment Standard Compliance were expected to be issued very shortly.

10.2 DATE AND TIME OF NEXT MEETING

The next meeting of the IAGC will be held on **Tuesday 8 September 2020** at 9.00am and a pre-meet with the auditors prior to this meeting would be scheduled in for 8.30am if required.

A handwritten signature in black ink, appearing to read 'Stanley', is positioned below the text. The signature is fluid and cursive.

Signed:

Chair of the Integrated Audit and Governance Committee

Date: 8 September 2020

Abbreviations

AAL	Annual Audit Letter
ACR	Audit Completion Report
AGS	Annual Governance Statement
AIC	Aligned Incentive Contract
BAF	Board Assurance Framework
BCF	Better Care Fund
CHC	Continuing Healthcare
CHCP	City Healthcare Partnership CIC
CiC	Committees in Common
CoI	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
TCP	Transforming Care Programme
ToR	Terms of Reference
VfM	Value for Money