

INTEGRATED AUDIT AND GOVERNANCE COMMITTEE

MINUTES OF THE MEETING HELD ON 7 SEPTEMBER 2021 AT 9.00AM via Microsoft Teams

PRESENT:

Karen Marshall, Lay Member and Audit Chair, NHS Hull CCG
Ian Goode, Lay Member, NHS Hull CCG

IN ATTENDANCE:

Laura Daffern, Assistant Internal Audit Manager, Audit Yorkshire
Chris Denman, Head of Funded Care, NHS Hull CCG (*for item 9.7*)
Nikki Cooper, Local Counter Fraud Specialist, Audit Yorkshire
Shaun Fleming, Local Security Management Specialist, Audit Yorkshire (*for item 7.5*)
Pam Heaford, Personal Assistant, NHS Hull CCG (*Minute Taker*)
Mark Kirkham, Mazars LPP
Michelle Longden, Corporate Affairs Manager (*from item 9.2*)
Deborah Lowe, Acting Director of Nursing and Quality, NHS Hull CCG (*from item 9.2*)
Sarah Milner, Head of Finance, NHS Hull CCG (*up to item 8.2*)
Mike Napier, Associate Director of Corporate Affairs, NHS Hull CCG
Steve Moss, Head of Anti-Crime Services, Audit Yorkshire

1. WELCOME/INTRODUCTIONS AND APOLOGIES FOR ABSENCE

Apologies for absence had been received from:
Kim Betts, Internal Audit Manager, Audit Yorkshire
Emma Sayner, Chief Finance Officer, NHS Hull CCG
Jason Stamp, NHS Hull CCG, Lay Member and Vice Chair, NHS Hull CCG
Danny Storr, Deputy Chief Finance Officer, NHS Hull CCG
Rob Walker, Mazars LPP

2. MINUTES OF THE PREVIOUS IAGC MEETING HELD ON 6 JULY 2021

The minutes of the Integrated Audit and Governance Committee (IAGC) meeting held on 6 July 2021 were submitted for approval. It was agreed that these were a true and accurate record of the meeting and would be signed by the Chair.

Resolved:

(a)	Members of the Integrated Audit and Governance Committee approved the minutes of the meeting held on 6 July 2021 as a true and accurate 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 6 July 2021 was presented for information and noting.

In relation to the workshop feedback report produced by John Mitchell following a recent desktop exercise around business continuity, Ian Goode expressed his

concern that questions which had been raised by the IAGC around how lessons learned would be taken forward had not been addressed. It was agreed that John Mitchell would be invited to the next IAGC meeting in November to update members more fully on how it was intended that this information be used.

Resolved:

(a)	The Action List from the meeting held on 6 July 2021 and comments made were noted,
(b)	John Mitchell would be invited to the IAGC meeting on 9 November 2021 to update members on how the learning from a recent desktop exercise around business continuity would be used.

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.

There were no matters of any other business to be discussed at this meeting.

Resolved:

(a)	There were no matters of any other business to be discussed 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

Resolved:

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

6.1 EXTERNAL AUDIT REPORT

Mark Kirkham, Mazars LLP, presented the External Audit Progress Report for information.

IAGC Members were advised that, in relation to the Annual Accounts 2021/22, planning would commence in the late Summer and an Audit Strategy Memorandum would be issued in time for the next meeting of the IAGC in November.

Details of relevant national publications had been provided for information.

Assurance:

The Board can be assured that the planning stage of the 2021/22 audit would commence in the late summer and an Audit Strategy Memorandum would be issued in time for the next meeting of the IAGC in November.

Resolved:

(a)	Integrated Audit and Governance Committee members noted the contents of the External Audit Progress Report, and
(b)	an Audit Strategy Memorandum would be issued in time for the next meeting of the IAGC in November.

6.2 HULL CCG AUDITOR'S ANNUAL REPORT

Mark Kirkham, Mazars LLP, presented the Auditor's Annual Report (AAR) for Hull CCG (previously the Annual Audit Letter) which summarised the work undertaken for the year ended 31 March 2021, the Code of Practice and the approach to Value for Money arrangements work.

Reference was made to the work undertaken in terms of the financial statement and a broad commentary was provided on the work carried out for each of the following headings which the National Audit had by way of criteria:

- Financial Sustainability
- Governance
- Improving Economy, Efficiency and Effectiveness

There had been no reported risks or significant weakness in arrangements or issues that were specific to the CCG. However, reference had been made to the national matter that, as a healthcare commissioner, there was a growing risk as a result of the pandemic. This was a national matter, rather than any specific weakness identified in relation to the CCG.

The Chair thanked Mark Kirkham for his update on what had been a difficult year. With regard to the coming year, she questioned what the process for financial closedown and transfer would be. The Associate Director of Corporate Affairs advised that he would be giving a short presentation later in the meeting in relation to some of the work that had started to take place, from a governance and wider perspective, for closedown and transition to an Integrated Care Board (ICB). This included reference to the conferring to the ICB for the closedown and the formal sign off of the closed accounts at the end of that process as, subject to the legislation, they would come into enactment on 1 April 2022.

Reference was also made to the need to adopt a consistent approach for the ICB to go through the closedown process, whilst reflecting the fact that we were all still autonomous organisations.

Recruitment to the ICB Chair was currently underway, which would be followed by the appointment of the Chief Executive and other Board level posts including non-Executive Directors. It was felt that there would be some merit to be gained, in due course, from the ICB Audit Chair meeting with the CCG Audit Chairs to discuss closedown arrangements and to ensure that all the issues that needed to be flagged were picked up at that point.

Assurance:

The Board can be assured that the Auditor's Annual Report (AAR) for Hull CCG, which summarised the work undertaken for the year ended 31 March 2021, had identified no risks of significant weakness in arrangements or issues that were specific to the CCG; however, reference had been made to the national matter that, as a healthcare commissioner, there was a growing risk as a result of the pandemic. This was a national matter, rather than any specific weaknesses identified in relation to the CCG.

Resolved:

(a)	Integrated Audit and Governance Committee members noted the contents Auditor's Annual Report (AAR) for Hull CCG which summarised the work undertaken for the year ended 31 March 2021
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7. INTERNAL AUDIT

7.1 INTERNAL AUDIT PROGRESS REPORT

Laura Daffern, Assistant Internal Audit Manager, Audit Yorkshire, presented the Internal Audit Progress Report to update the Committee on progress against the 2021/22 Internal Audit Plan.

It was reported that, since the last Integrated Audit and Governance Committee meeting in July, no final audit reports had been issued at this stage which was due to the agreed plan having no audits scheduled for completion in Quarter 1.

The audits scheduled to start in Quarter 2 had been delayed by the CCG. There had been a request made by the CCG to retract the audit of the BCF, due to another independent external review taking place in this area. There had also been a request to push the Patient and Public Engagement audit back to Quarter 3, due to capacity and workload pressures within the team.

To compensate for this, work on the following Quarter 3 audits had been brought forward, all of which were at the planning stage:

- Mental Capacity Act,
- Conflicts of Interests and Governance
- Risk Management Arrangements.

The Chair stated that, as we moved into a new structure, she would like the work that we were doing to be meaningful and relevant to the CCG at the moment and proposed that she meet with the Chief Finance Officer to discuss the plans that had been retracted and areas where we were prioritising. This approach was supported by the Associate Director of Corporate Affairs who stated that he would prefer that we continued to operate a risk-based approach to those areas that collectively posed the greatest risk to the CCG which, as a statutory body, still had a duty to maintain a system of adequate control and suitable assurances on the greater risk areas up until 31 March 2022.

Assurance:

The Board can be assured that work is progressing against the Internal Audit Plan for 2021/22.

No audit reports had been issued since the last IAGC meeting in July. Work on the audits of Mental Capacity Act, Conflicts of Interests and Governance and Risk Management Arrangements for Quarter 3 was at the planning stage.

Resolved:

(a)	Integrated Audit and Governance Committee Members reviewed and noted the progress made by Audit Yorkshire against the 2021/22 Internal Audit Plan, and
(b)	The IAGC Chair would meet with the Chief Finance Officer to discuss the areas of work to be prioritised

7.2 INTERNAL AUDIT RECOMMENDATION TRACKING REPORT

Laura Daffern, Assistant Internal Audit Manager, Audit Yorkshire, presented the Internal Audit Recommendation Tracking Report to update the IAGC on progress against Internal Audit recommendations from October 2020 to August 2021.

The following update was provided:

Since the July 2021 IAGC meeting, two recommendations had been completed and seven recommendations remained open. There were no recommendations with a major priority and none of the recommendations were causing any issues at present. There were four recommendations which were overdue and an update had been received for four of the seven open recommendations. For those recommendations for which no update had been received, these would continue to be chased up

Ian Goode requested that on the tracker where the current position referred to “no update provided”, that this be expanded further to justify why there was no update in order to clarify the position and aid with transparency.

Resolved:

(a)	IAGC Members reviewed and noted the progress made on the implementation of agreed audit recommendations, and
(b)	For recommendations where no update had been provided, it was requested that this be expanded further to justify why there was no update in order to clarify the position.

7.3 INTERNAL AUDIT CHARTER 2021/22

Laura Daffern, Assistant Internal Audit Manager, Audit Yorkshire, presented the Internal Audit Charter 2021/22 for approval.

Members were advised that the Internal Audit Charter was a requirement of the Public Sector Internal Audit Standards (PSIAS) and was reviewed annually. This was a standard document which defined the purpose, authority and responsibility of Internal Audit.

Approval of the Charter by the IAGC was sought in order to comply with the Public Sector Internal Audit Standards

The Integrated Audit and Governance Committee approved the Internal Audit Charter 2021/22

Resolved:

(a)	IAGC Members noted and approved the Internal Audit Charter 2021/22.
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7.4 COUNTER FRAUD PROGRESS REPORT

Nikki Cooper, Local Counter Fraud Specialist (LCFS) for Audit Yorkshire, presented the Counter Fraud Progress report for information. The report provided details of awareness work conducted; details of alerts, fraud prevention notices, advice and guidance issued and days used to deliver the Counter Fraud Plan.

The paper was taken as read and the following key areas were highlighted:

Masterclasses had commenced on how to identify and prevent:

- Cyber enabled fraud
- Recruitment fraud
- Payroll fraud

Some of these masterclasses had been over-subscribed and extra dates had needed to be added

It was reported that no investigations had been started in the last quarter and the list of days used to deliver the fraud plan was noted.

Assurance:

The Board can be assured from the Annual Counter Fraud Report for 2020/21 by the amount of counter fraud awareness work that continued to take place. There had been a good take up for masterclasses on how to identify and prevent cyber enabled, recruitment and payroll fraud.

Resolved:

(a)	Integrated Audit and Governance Committee Members duly noted the contents of the Counter Fraud Progress Report and the update provided.
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7.5 NHS VIOLENCE PREVENTION AND REDUCTION PROPOSAL

The Local Security Management Specialist, Audit Yorkshire, presented the NHS Violence Prevention and reduction Proposal for approval.

Members were advised that since 2017, NHS England and NHS Improvement (in conjunction with the Social Partnership Forum) had continued to jointly work towards a new set of NHS security standards (in consultation with the existing LSMS network) and in December 2020 the new NHS Violence Prevention and Reduction Standard had been published.

Previously there had been separate sets of standards for providers and commissioners, which had now been replaced by one set of standards which linked to the Health and Safety at Work Act. It was reported that the risks in primary care, in particular on the CCG side, were very low compared to the acute side and there was a completely different emphasis for CCGs compared to hospitals and the mental

health trusts. There was however a requirement for some level of compliance with the new standard and a general approach had been proposed across the 11 CCG providers within Audit Yorkshire. The proposal was to have a nominated officer, which would be the CFO in CCG cases, and for a policy and strategy to be produced.

The proposal was taken as read and members were assured that this would demonstrate that the organisation had looked at the new standard and had put arrangements in place, whilst also reflecting that we were moving towards an ICS which would also have requirements to comply with the standard and staff would continue to be covered by a similar renamed policy. In terms of risk, it was very low in CCGs and there had been very few incidents of risk in terms of violence against staff directly. It was envisaged that this work would require a maximum of 2 days per CCG to get the structural side aligned to the standard and the strategy/policy document produced and in place.

The Associate Director of Corporate Affairs agreed with the approach proposed and the actions outlined which were appropriate to where we were as an organisation. He went on to say that, whilst it was important for the CCG to give due regard to this; one of the areas that would need to be considered in the current circumstances was domestic violence, given that the majority of staff were home working as opposed to office based. It was reported that Health and Safety leads for each organisation were also heavily involved in this work.

IAGC members approved the proposal for CCG compliance with NHS Violence Prevention and Reduction Standards and recommended that a cross Humber policy be developed that supported all 4 CCGs. The development of the policy would be taken forward by the Local Security Management Specialist, Audit Yorkshire.

Assurance:

The Board can be assured that in, order to comply with the new NHS Violence Prevention and Reduction Standard, a cross-Humber policy and strategy was being developed that would support all 4 CCGs.

Resolved:

(a)	The Integrated Audit and Governance Committee considered the content of the report and approved the proposals for CCG compliance with NHS Violence Prevention and Reduction Standards, and
(b)	a cross-Humber policy and strategy would be developed that would support all 4 CCGs which would be taken forward by the Local Security Management Specialist, Audit Yorkshire

8. FINANCIAL GOVERNANCE

8.1 FINANCE REPORT

The Head of Finance presented the Finance Report which provided the summary financial performance for the period 1 April 2021 to 31 July 2021 and provided assurance around the delivery of all financial targets.

The following key areas were highlighted:

The CCG was currently forecasting to achieve a Surplus of £14,275k against the allocation for the first half of 2021/22 (H1). This was a deficit of £575k against the planned surplus of £14,850k.

Currently there was no indication for the second half of 2021/22 (H2).

The historic surplus of £15,408k had yet to be issued by NHS England however it was understood that this would be issued at some point through the financial year.

The current forecast was that the CCG running costs would be contained within the allocated financial envelope.

The forecast overspend for the end of the year related to the Elective Recovery Fund and the Hospital Discharge Scheme for which additional funding would be received retrospectively.

There were some minor variances; but there were no areas of concern at this stage.

Debtors and Creditors –

There were no debtors over £5,000 and more than 6 months old.

There were currently 5 creditors over 6 months old and over £5,000. These totalled £195.1k. The credit from HUTHT (£10,300) had been chased again and work was being undertaken to review the Hull City Council invoices for the Mental Health packages (£78,505). An update on the Bevan credit (£83,597) would be provided for the next meeting.

Assurance:

The Board can be assured, from performance for the period 1 April 2021 to 31 July 2021, that the CCG was forecasting that it would achieve the required financial position for the first half of the financial year (H1) and would work with system partners to ensure that this was the case for the remainder of the financial year.

Resolved:

(a)	Integrated Audit and Governance Committee Members considered and noted the CCG's performance for the period 1 April 2021 to 31 July 2021.
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8.2 LOSSES AND SPECIAL PAYMENTS

There were no losses or special payments to report

The Head of Finance left the meeting

8.3 REBATE AGREEMENT RENEWALS

The Chair stated that the following two Rebate Agreement Renewals had been submitted for approval. Members were advised that both the schemes had been approved previously and the rebates were for renewal. The Rebate Renewal Agreements had been submitted to the Planning and Commissioning Committee meeting on 6 August 2021 for consideration and endorsement who had subsequently recommended that the IAGC approve these.

8.3i REBATE AGREEMENT RENEWAL FOR CLENIL 2021

8.3ii REBATE AGREEMENT RENEWAL FOR MEZOLAR 2021

The IAGC formally approved the Rebate Agreement Renewals for Clenil and Mezolar 2021.

Assurance:

The Board can be assured that, following endorsement by the Planning and Commissioning Committee, the Integrated and Audit Committee had approved the Rebate Agreement Renewals for Clenil 2021 and Mezolar 2021.

Resolved:

(a)	On the recommendation of the Planning and Commissioning Committee, the Integrated Audit and Governance Committee formally approved the Rebate Agreement Renewals for Clenil and Mezolar 2021.
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8.4 LIST OF CURRENT PRIMARY CARE REBATE SCHEMES WITH HULL CCG AND THEIR EXPIRY DATES

Following a request made at the previous IAGC meeting, a schedule detailing all the Primary Care Rebate Schemes in place for Hull CCG along with their expiry dates had been provided by the Medicines Management Team in order that these could be included on the respective agendas to enable supporting paperwork be provided in a timely manner to allow for due consideration.

The Chair requested that further information be provided by the Medicines Management to show how much money the CCG had saved through these schemes

Resolved:

(a)	The Integrated Audit and Governance Committee noted the current Primary Care Rebate Schemes within Hull CCG and their expiry dates, and
(b)	the Medicines Management would be requested to provide information to show the cost savings achieved though the Primary Care Rebate Schemes.

9. GOVERNANCE

9.1 WAIVING OF PRIME FINANCIAL POLICIES

IAGC Members were presented with details of the following two approved tender waivers for information:

- **HCV Cloud Based Urinalysis**
Proposed Provider: Healthy.io (UK) Limited
Contract value: £108,750
Contract Period: 12 months (18 May 2021- 17 May 2022)
- **HCV FeNO devices in Primary Care**
Proposed Provider: Intermedical (UK) Ltd
Contract value: £65,376
Contract Period: 12 months (July 2021- June 2022)

The IAGC duly noted the above approved tender waivers.

Assurance:

The Board are advised that the IAGC had noted approved tender waivers in respect of HCV Cloud Based Urinalysis and HCV FeNO devices in Primary Care

Resolved:

(a)	IAGC Members noted the approved tender waivers for HCV Cloud Based Urinalysis and HCV FeNO devices in Primary Care
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The Acting Director of Nursing and Quality and the Corporate Affairs Manager joined the meeting

9.2 CORPORATE RISK REGISTER

The Associate Director of Corporate Affairs presented the latest Corporate Risk Register for consideration and approval and provided the following update:

There were 16 risks within the risk register that had a current risk rating of high or extreme and were therefore included within the report.

In addition, there were 4 further risks on the report as follows:

- Following the IAGC request at the previous meeting that Risk 962 and Risk 927 would remain on the Risk Register until new risks had been re-cast.
- Risks 929 and 940 has been assessed by the risk owners as having a reduced risk rating to below the threshold for inclusion in the Committee report, however these were included for Member's information and approval to remove

Changes to the Risk Register

Risk 963 had a higher risk rating from a Moderate 6 to a High Risk 9.

New Risks

The following new high risk had been added to the Risk Register:

Risk 968 - Risk of organisational, reputational, safety and quality risk if not meeting safeguarding statutory duties within the Care Act 2014. Hull Safeguarding Adults Partnership Board Multi-Agency Safeguarding arrangement in place with equal responsibility within the partnership between CCGs, Local Authorities and the Police. NHS Hull CCG fulfilling legislative duties via attendance and engagement with HSAPB, however slow and delayed progress with delivery of priorities following Covid-19 pandemic impact.

Closed risks

There were no risks submitted for request to closure.

The following comments were made:

With regard to Risk 932 which related to Speech and Language Therapy, Ian Goode recognised the good work that had been achieved but questioned whether it would be better to raise the rating of this risk in order to maintain the current position. The Acting Director of Nursing and Quality stated that this risk was fine as it was but felt that there was an additional risk around harm and patient quality and advised that work was taking place with Humber and East Riding CCG to look at the impact of waiting lists and how this was being managed and this would be included within the risk. She went on to say that, in the light of standing down the risk around staffing, this would also apply to a number of re-cast risks around young people and people in crisis and a number of other areas where there had been an impact of Covid, as to

how the Trust were responding to be able to put the resources in and also manage those waiting lists.

Risk 911 which related to the staffing risk would remain on the Risk Register and would come off once the new risks had been cast.

The Chair stated that she was pleased to see that Risk 963 had been reviewed in light of all the concerns that had been raised throughout the organisation.

The new Risk 968 was noted. The Acting Director of Nursing and Quality advised that this was a recognition of the impact of Covid on the ability of the Hull Safeguarding Adults Partnership Board to be able to pull together what their priorities have been.

In terms of CHC, Risk 962 had been revised down to a moderate risk and Risk 929 had been updated to reflect the challenges around provision for home care/residential care

Risk 927 had also been revised in terms of risk description.

The Chair requested that Risks 929 and 940 which had a reduced risk rating, remain on the Risk Register (in the grey area) for one more meeting to confirm that nothing had moved. The Chair would discuss with the Acting Director of Nursing and Quality outside of the meeting whether the other two reduced rated risks - 962 and 927 should remain in the grey area.

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.

A new high risk – Risk 968, had been added to the Risk Register which was a recognition of the impact of Covid on the ability of the Hull Safeguarding Adults Partnership Board to be able to pull together what their priorities have been.

Resolved:

(a)	The continued work to monitor and update the risks on the Risk Register was noted;
(b)	The increased risk rating of Risk 963 from a Moderate 6 to a High Risk 9 was noted
(c)	The new Risk 968 was noted
(d)	Risk 911 – Staffing Risk – would remain on the Risk Register until the new risks had been re-cast
(e)	Risks 929 and 940 would remain on the Risk Register (in the grey area for one more meeting)
(f)	Discussion would take place outside of the meeting as to whether Risk 962 and 927 should remain on the Risk Register (in the grey area)

9.3 BOARD ASSURANCE FRAMEWORK 2021/22

The Associate Director of Corporate Affairs presented the latest version of the Board Assurance Framework (BAF) which contained the current position against the

assessed risks to the CCG's 2021/22 strategic objectives. He reported that it could be seen from the number of updates highlighted the extent to which there had been further developments to the BAF, particularly in the progress against the actions that had been identified.

Members were advised that one of the areas, which would be covered under the next agenda item, was the transition preparation which would be essential for the CCG and this would need to be adequately reflected in the BAF.

Members noted the highlighted updates made to the BAF and had no further comments to make.

Resolved:

(a)	IAGC Members noted the contents of the BAF and the update provided
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9.4 ASSURANCE UPDATE IN RELATION TO CLOSE-DOWN AND TRANSITION

The Associate Director of Corporate Affairs shared a presentation to provide Members with an overview on ICS Governance Enabling Actions which were taking place.

He advised that the purpose for having this as a standing item on the agenda was primarily to offer assurance to Members on the range of work that had already commenced and was gathering pace for both close-down and transition to the new organisation. A list of recently issued documentation was provided which included the draft model constitution for the Integrated Care Board (ICB), the ICB was the new NHS body which formed part of the Integrated Care System (ICS) that will go live on 1 April 2022.

Other documentation issued included:

- Explanatory notes to support the model constitution template
- Interim guidance on the functions and governance of the Integrated Care Board (previously described as the functions and governance guide).
- Statutory CCG functions to be conferred on ICBs - a check list of functions.
- Due Diligence document with 13 sections – including HR & finance that will need to have a plan completed by both the ICS & NHSE/I by 30 September 2021
- Readiness to Operate (RoS) each system expected to complete on a quarterly basis, commencing end of Q2

On a practical level:

- A Governance Leads Group had been established across HCV that met on a weekly basis, this was a transactional group led by Mark Bradley, Interim Director of Finance for the ICS and comprised of the leads from each of the CCGs. Individuals were being assigned to lead on various aspects including the documents referred to above.
- An existing Governance Group continued to meet within the Humber area which included all the Governance Officers within each of the CCGs. The remit of which had been focused on developing a consistent approach to processes and documentation across all CCGs
- HCV had appointed to a fixed term Strategy & Partnerships Director through to the end of March 2022, who would be the overall lead for oversight of transition and preparation to make sure that the various strands of work including

governance, finance, HR and digital etc were all being pulled together and coordinated.

A slide of the draft HCV ICS Operating Framework was shared which showed the proposed scheme of delegation and the Associate Director of Corporate Affairs talked Members through these arrangements. A process of assessing the maturity of individual Places would need to be undertaken to determine how far advanced they were in joint working arrangements and partnership planning.

It was reported that, from a recent Transition Executive meeting, it was clear that the Interim Chief Executive, Stephen Eames, wanted primacy of Place to be reflected in everything we did and was pushing hard to make sure that the formal governance accurately reflected the desire to have Place in the permissive regime and Place in the absolute forefront of the work of the ICS and ICB moving forward.

One of the challenges was that in the second version of the Bill, the language had moved on from the original draft wording. The Integrated Care Partnership (ICP) would now technically be a committee of the ICB, but essentially this would be the formal NHS body at HCV level that interfaces with the wider system partners such as Local Authorities, VCSE sector and other wider public sector bodies.

The key governance facets of the following were outlined:

- ICP (Statutory)
- ICB (Statutory)
- Place Based Partnerships
- Provider Collaboratives

Further detail on the profile and proposed membership of the ICB was provided along with the outline, purpose, formal remit and proposed membership of the ICP.

Members were advised that, through discussion with local leaders, it had been agreed that the ICB Chair would also act as the ICP Chair which would aid continuity and accountability.

As part of the ICB constitution preparation, the final slide listed some of the initial enabling questions which had been posed to the Transition Executive and the key actions to highlight for the Governance Group to take forward immediately.

In summary, the Associate Director of Corporate Affairs stated that there was a lot of work to do at a multitude of level higher than at CCG level. Collaborative working was taking place along with the utilisation of best practice. Further guidance was expected and the HFMA were developing a model Scheme of Delegation. This would be an evolving system to reflect the increasing maturity of some of the Places as to how they collaborate and work as a partnership.

A copy of the presentation would be circulated outside of the meeting to provide members with the opportunity to look at the information in more detail and the Associate Director of Corporate Affairs advised that he would be happy to pick up any specific concerns, questions etc. outside of the meeting.

Assurance:

The Board can be assured that the IAGC have been provided with an update on the range of work that had already commenced and was gathering pace for both close-down and transition to the new organisation. This would form a standing agenda item

at future IAGC meetings and members would be kept updated as further developments evolved.

Resolved:

(a)	The work that had commenced and was gathering pace for both close-down and transition to the new organisation was noted, and
(b)	a copy of the presentation given by the Associate Director of Corporate Affairs on ICS Enabling Actions would be circulated following the meeting,

9.5 FREEDOM OF INFORMATION REQUESTS Q1 REPORT

The Associate Director of Corporate Affairs presented the Freedom of Information (FOI) Q1 Report for noting. The report provided an update on the current position and performance of FOI requests made to NHS Hull CCG during the period from 1 April to 30 June 2021 along with a summary of requestors.

The report, which was taken as read, was a reflection of the huge amount of work that the whole organisation had done to ensure that the CCG continued to maintain 100% compliance with the statutory 20 working day response timescale.

IAGC members noted the contents of the Freedom of Information Requests Q1 Report for 2021/22

Assurance:

The Board can be assured that the CCG has a process in place to respond to all Freedom of Information requests received.

During Q1, the CCG had continued to maintain 100% compliance with the statutory 20 working day response timescale.

Resolved:

(a)	IAGC members noted the contents of the Freedom of Information Requests Q1 Report for 2021/22 which covered the period from 1 April to 30 June 2021,
(d)	During this period the CCG had continued to maintain 100% compliance with the statutory 20 working day response timescale

9.6 INDIVIDUAL FUNDING REQUESTS ANNUAL REPORT 2020/21

Members were reminded that, at the last IAGC meeting held in July 2021, delegated approval had been given to the IAGC Chair to approve the final IFR Annual Report 2020/21 out-with the meeting once the subsequent minor changes had been made.

The IAGC Chair confirmed that the final annual report had been duly approved.

The IAGC formally noted the approval of the IFR Annual Report 2020/21.

Resolved:

(a)	Following delegated approval being given at the last meeting to the IAGC Chair to approve the final IFR Annual Report 2021/21 out-with the meeting once the subsequent minor changes had been made, the IAGC Chair confirmed that the final annual report had been duly approved.
(b)	The IAGC formally noted the approval of the IFR Annual Report 2020/21

The Head of Funded Care joined the meeting

9.7 CONTINUING HEALTHCARE – AUDIT UPDATE REPORT

The Head of Funded Care presented this report to provide the Integrated Audit and Governance Committee with an update on progress made against the required actions as assessed by AuditOne in September 2019. The report provided a brief position statement in relation to progress made against the remaining management actions.

The report was taken as read and an overview was provided on the actions which had been partially completed. In relation to the Service Level Agreement (SLA) which had been put in place to clarify roles between the Local Authority, CHCP as the provider and the CCG in terms of the delivery - it was reported that steps had been taken operationally and final sign-off of the SLA was awaited. There were also some recent changes that would be taking place that would also have an effect on this but would be covered under the SLA itself. Actions 1, 2 and 3 were being seen as partially complete, everything had been put in place operationally with just final sign-off of the final documents needed.

In terms of action 4 – this had been completed in full at the beginning of the process.

The outstanding remaining actions related to actions 5 and 6, against which the following update was provided.

Action 5 related to the backlog of outstanding eligibility reviews for CHC funding. It was reported that this had been particularly challenging; prior to the pandemic the backlog had been reduced significantly down to very small numbers but unfortunately following the introduction of the Coronavirus Emergency Legislation on 23 March 2020 there had been some specific actions that CHC teams were required to take which had included the development of a deferred list to enable the collective backlog of activity to be worked through at a later date when the emergency legislation had been stepped down. The deferred activity had significantly impacted on the team's ability to carry out any reviews. Subsequently when the emergency legislation had been stepped down and the re-introduction guidance brought in on 1 September 2020 the pressure had been around removing the deferred activity following the pandemic period which again had impacted on the capacity of the team to pick up the outstanding reviews. The current position was that there were 140 reviews outstanding. There was a plan in place to address this with two dedicated members of staff working across these in order to remove them.

In addition, there were currently some significant pressures in the community with care providers and at the moment all staff, including CHCP, were working with the Local Authority to try and manage the buoyancy of the market and make sure people had their care needs met and ensure that immediate safety for people was being managed.

Action 6, related to identified flaws in the current recharging process between the LA and the CCG. It was reported that a lot of work had been done around this area to try to pin down the recharge process from the Local Authority who commission and broker on our behalf and then re-charge us. In terms of the process of recharge, this was quite complicated from the Local Authority's point of view in terms of identifying CCG funding and what that related to. Work was taking place in their system in order to be able to clearly identify when we referred to CCG funded, which funding streams were appropriate which would enable our officers to support validation and ensure

every pound that the CCG spends can be clearly identified as being proportionate and appropriate to delivering someone's eligible care.

The Chair welcomed the clarification being sought around re-charges and making sure that the money was flowing into the right places.

The Chair sought justification between the differential ratings for Action 6, the Head of Funded Care explained that the High risk related to the potential impact of the validation of the re-charges which could be significant to the CCG if not done correctly; however as a result of the mitigations in place to oversee and manage the situation, through close working with the LA, this risk had now been classified as Medium.

The Acting Director of Nursing and Quality advised that work was taking place with a view to integrating the governance and the associated funding stream into one approach and bring it all in line into one clinical governance system

The Chair requested that the IAGC receive a further update on CHC in January 2022

Assurance:

The Board can be assured that the IAGC had been updated on progress made against the required actions as assessed by AuditOne in September 2019 in relation to Continuing Healthcare. The report provided a brief position statement in relation to progress made against the remaining management actions. A further update on CHC would be provided to the IAGC in January 2022.

Resolved:

(a)	The IAGC noted the contents of the Continuing Healthcare – Audit Update Report, and
(b)	it was requested that a further update report on CHC be presented to the IAGC January 2020

9.8 POLICIES

9.8i ACCESS TO RECORDS POLICY

The Associate Director of Corporate Affairs advised that minor changes had been made to the Access to Records Policy which had been updated to reflect:

- Minor Housekeeping Updates
- Inclusion of Deleting, Altering or Falsifying Information
- References
- Updates to Bribery Act
- Update of how to contact the CCG

A copy of the full policy was available on request.

Assurance:

The Board can be assured that the CCG had updated it's Access to Record Policy to reflect latest organisational changes and recent guidance.

The IAGC had approved the updated Access to Records Policy.

Resolved:

(a)	The IAGC noted the minor changes made to the Access to Records Policy and
(b)	Approved the updated Access to Records Policy

9.9 TERMS OF REFERENCE

9.9i BOARD COMMITTEE TERMS OF REFERENCE UPDATES

The Associate Director or Corporate Affairs advised members that, given that confirmation had only recently been received from NHSE for the previous set of updates and we were now into the last 6 months' of operation, Committees had been asked to keep any changes to terms of reference to a bare minimum.

The only proposed terms of reference changes were for the Planning and Commissioning Committee which had been updated to reflect where they now were as a committee, and these had been highlighted under tracked-changes. As they were a non-statutory committee, from an NHSE perspective, these could be submitted to the Board for approval without the need to go to NHSE subsequently.

Resolved:

(a)	The IAGC noted the proposed changes to the Planning and Commissioning Committee terms of reference, and
(b)	The updated Planning and Commissioning Committee terms of reference would be submitted to the Board for approval.

9.9ii TERMS OF REFERENCE OF OTHER RELEVANT GROUPS/SUB COMMITTEES

The terms of reference for the following groups were presented:

- Health Safety and Security Group ToR
- Information Governance Steering Group ToR
- Primary Care Quality and Performance Sub Committee ToR
- IFR Panel ToR

- Pathway Review Group ToR

The Chair raised concern in relation to the Pathway Review Group ToR and stated that, with regard to the "Powers and Authority" section, the PRG were not a decision making forum and were required to make a recommendation to the CCG Planning and Commissioning Committee for the adoption and approval of any decisions made and this section would need to be reflected accordingly. The Associate Director of Corporate Affairs agreed with this.

The Chair requested that a clean copy of the PRG terms of reference be produced which would be looked at outside of the meeting for subsequent approval.

Resolved:

(a)	The IAGC noted and approved the terms of reference for the: <ul style="list-style-type: none">• Health Safety and Security Group• Information Governance Steering Group• Primary Care Quality and Performance Sub Committee• IFR Panel
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(b)	The IAGC noted the terms of reference for the Pathway Review Group and, with the caveat that the “Powers and Authority” section be amended to reflect that any recommendations for approval would need to be made to the CCG Planning and Commissioning Committee, these would be approved outside of the meeting.
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9.10 HEALTH, SAFETY AND SECURITY GROUP ACTION NOTES

There were no approved action notes to bring to this meeting.

9.11 QUALITY AND PERFORMANCE COMMITTEE MINUTES – the minutes of the meeting held on 18 June 2021 were noted.

9.12 PRIMARY CARE COMMISSIONING COMMITTEE MINUTES

There were no approved minutes to bring to this meeting.

9.13 PRIMARY CARE QUALITY AND PERFORMANCE SUB-COMMITTEE MINUTES - the minutes of Parts 1 and 2 of the meeting held on 24 May 2021 were noted.

9.14 PLANNING AND COMMISSIONING COMMITTEE MINUTES - the minutes of the meetings held on 4 June 2021 were noted.

9.15 COMMITTEES IN COMMON MINUTES – the minutes of the meeting held on 30 June 2021 were noted. The Chair advised that she had been nominated as the Vice Chair of this committee.

9.16 INFORMATION GOVERNANCE STEERING GROUP ACTION NOTES - the action notes of the meeting held on 14 July 2021 were noted.

10. GENERAL

10.1 REVIEW OF INTEGRATED AUDIT AND GOVERNANCE COMMITTEE TERMS OF REFERENCE


IAGC Members were advised that there had been no requirement for any changes to be made to the IAGC terms of reference as they were prescriptive, and it was a statutory committee.

10.2 ANY OTHER BUSINESS

No items of Any Other Business were discussed at this meeting.

10.3 DATE AND TIME OF NEXT MEETING

The next meeting of the IAGC would be held on **Tuesday 9 November 2021**, at 9.00am at which time there would be an opportunity for a pre-meet with the auditors from 8.30-9.00am for members only.



Signed:

Chair of the Integrated Audit and Governance Committee

Date: 9 November 2021

ABBREVIATIONS	
AAR	Auditor's Annual Report
ACR	Audit Completion Report
AGS	Annual Governance Statement
AIC	Aligned Incentive Contract
ASM	Audit Strategy Memorandum
BAF	Board Assurance Framework
BCF	Better Care Fund
CFA	Counter Fraud Authority
CFFSR	Counter Fraud Functional Standards Return
CFS	Counter Fraud Specialists
CHC	Continuing Healthcare
CHCP	City Healthcare Partnership CIC
CiC	Committees in Common
CoI	Conflicts of Interest
CYP	Children and Young People
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
IAGC	Integrated Audit and Governance Committee
ICB	Integrated Care Board
ICC	Integrated Care Centre
ICOB	Integrated Commissioning Officers Board
ICP	Integrated Care Partnership
ICS	Integrated Care System
IFP	Integrated Financial Plan
IFR	Individual Funding Requests
LCFS	Local Counter Fraud Specialist
MH & LD	Mental Health and Learning Disabilities
MHIS	Mental Health Investment Standard
MoU	Memorandum of Understanding
NAO	National Audit Office
NECS	North of England Commissioning Support
NHSE	NHS England
PBR	Payment by Results
PCCC	Primary Care Commissioning Committee
PHB	Personal Health Budget
QDG	Quality Delivery Group
QIPP	Quality Innovation Productivity and Prevention
SAR	Subject Access Request
SEND	Special Educational Needs and Disability
SI	Serious Incident
SOPs	Standard Operating Procedures
SRT	Self Review Tool
ToR	Terms of Reference
VFM	Value for Money