

INTEGRATED AUDIT AND GOVERNANCE COMMITTEE

MINUTES OF THE MEETING HELD ON 8 SEPTEMBER 2020 AT 9.00AM Via GotoMeeting video conference

PRESENT:

K Marshall, NHS Hull CCG (Lay Member) (Chair)

J Stamp, NHS Hull CCG (Lay Member)

IN ATTENDANCE:

C Best, AuditOne, (Internal Audit)

N Cooper, AuditOne (Local Counter Fraud Specialist)

P Heaford, NHS Hull CCG (Personal Assistant) - *Minute Taker*

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)

Rob Walker, Mazars LPP (External Audit)

1. APOLOGIES FOR ABSENCE

Apologies had been received from:

Ian Goode (Lay Member)

M Kirkham, Mazars LPP (External Audit)

D Lowe, NHS Hull CCG (Deputy Director of Quality and Clinical Governance)

2. MINUTES OF THE PREVIOUS MEETING HELD ON 7 JULY 2020

The minutes of the Integrated Audit and Governance Committee (IAGC) meeting held on 7 July 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 7 July 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 7 July 2020 was presented for information and it was noted that the majority of the actions had related to the Risk Register and the updates had been highlighted within the report. It was also noted that Phil Davis had circulated, as per the discussion at the last meeting, the updated Primary Care risk in relation to the risk assessment of staff within general practice.

Resolved:

(a)	The Action List from the meeting held on 7 July 2020 and update provided was noted.
-----	---

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 discuss at this meeting.
-----	---

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.
-----	--

6. EXTERNAL AUDIT

6.1 EXTERNAL AUDIT PROGRESS REPORT

Rob Wallace, Mazars LLP, presented the above report for information. There were no significant matters to report which was to be expected at this stage of the 2020/21 audit process. An audit plan would be drafted within the next couple of weeks and it was expected that the audit would be completed in the same timescales as previously.

Members were advised that confirmation had been received of the expectation that the 2019/20 Mental Health Investment Standard external review would be completed and ready for publication by 31 January 2021 and arrangements would be put in place to deliver this work once the approach to be taken was known.

It was reported that, for next year, the Code of Practice had changed slightly for value for money (vfm) work; detailed guidance on which was awaited and the committee would be kept updated on this area. The Chief Finance Officer stated that she welcomed this change which would provide some consistency and assurance around the vfm matrix and would be helpful with regard to a move to working differently across systems.

Details of relevant national publications had been provided for information.

Assurance:

The Board can be assured that the planning stage of the 2020/21 audit is in progress and an External Audit Plan for NHS Hull CCG for 2020/21 would be brought to the next IAGC meeting

Resolved:

(a)	Integrated Audit and Governance Committee members noted the contents of the External Audit Progress Report and update provided, and
(b)	an External Audit Plan for NHS Hull CCG would be brought to the next IAGC meeting on 10 November 2020.

7. INTERNAL AUDIT

7.1 INTERNAL AUDIT PROGRESS REPORT

Carl Best, AuditOne, presented the Internal Audit Progress Report to provide the Integrated Audit & Governance Committee with an update on progress against the 2020/21 Internal Audit Plan for Hull CCG since the last Committee meeting on 7 July 2020.

The following update was provided:

Members were advised that AuditOne were in the process of handing over mid-year to their colleagues at Audit Yorkshire who had been awarded the contract for the provision of audit and fraud services which would take effect from 1 October 2020.

The following four pieces of work were identified as 'in progress' and these were currently being sense-checked and revalidated to ensure they were appropriately focused on the current needs of the CCG business.

- Financial and Strategic Planning - this audit had been split into two pieces of work: the first audit would cover Covid-19 costing and commissioning processes and the second audit would take place later in the year once planning guidance had been applied. It was expected that the first audit would be completed by AuditOne and the second audit would be handed over for consideration by Audit Yorkshire colleagues.
- Primary Care Commissioning - this work related to governance aspects and was currently at the review stage and was expected to be completed.
- Key Financial Controls – this was a mapping exercise to support the year end opinion. This would be completed and handed to Audit Yorkshire.

- Continuing Healthcare and Funded Nursing Care – this audit had been re-scoped to focus on the hospital discharge processes. It was expected that this would be work in progress through to an October completion.

No final reports had been issued since the last IAGC meeting held on 7 July 2020. Staff had returned from Covid response redeployment during July 2020 and had picked up 2020/21 delivery of work.

Follow up Summary

At the end of March 2020, the automated follow up process had been paused so as not to distract from the COVID response. This had re-commenced in June.

Recommendations with Revised Implementation Dates

One medium rated recommendation, which related to Continuing Healthcare, had been given a revised target date of 31 October 2020.

Overdue Recommendations with No Current Status Update

The three medium priority actions with no recent update were:

- Partnership Working – Aligned Incentive Contract
- Partnership Working – Local Authority Integration
- Primary Care Commissioning

The Chair sought assurance that all the recommendations would continue to be tracked and followed through.

Carl Best advised members that he would have conversations with respective colleagues to understand the current status of the recommendations in order to be fully informed prior to transferring the work over to ensure continuity.

The Chief Finance Officer stated that, with regard to the Primary Care Commissioning overdue recommendation which related to Capita work, a lot of the issues with Capita had been resolved and Danny Storr was asked to follow this up with Phil Davis and NHS England colleagues in order to obtain an updated position and a resolution prior to the transfer.

Post Meeting Note: The following update had been provided by Phil Davis:

“This was on NHSE/NHSI’s radar; they were in discussions and were actively looking to find a solution that provided assurance to CCGs” – M Napier would pick up timescales with Phil Davis

Overdue recommendations in relation to Partnership Working around the Aligned Incentive Contract and Local Authority Integration would need to be tracked to the future and would not necessarily be formally updated prior to the transfer.

The Chair thanked Carl Best, on behalf of the IAGC, for all his support from an Internal Audit perspective to the organisation and wished him every success moving forward.

Assurance:

The Board can be assured that every effort would be made to ensure that there was a seamless transfer of on-going work from AuditOne to Audit Yorkshire, who had

been appointed as the new providers of internal audit and counter fraud services with effect from 1 October 2020.

Pieces of audit work 'in progress' were currently being sense-checked and revalidated to make sure they were appropriately focused on the current needs of the CCG business and all outstanding recommendations would continue to be tracked and followed through.

Resolved:

(a)	Integrated Audit and Governance Committee Members noted the contents of the Internal Audit Progress Report and the update provided and
(b)	requested that the overdue recommendation in relation to Capita work be followed up by the Deputy Chief Finance Officer and the Associate Director of Corporate Affairs with Phil Davis and NHS England colleagues in order to obtain an updated position and a resolution prior to transfer
(c)	Members were advised that AuditOne were in the process of handing over mid-year to their colleagues at Audit Yorkshire who had been awarded the contract for the provision of audit and fraud services which would take effect from 1 October 2020.

7.2 COUNTER FRAUD PROGRESS REPORT

Nikki Cooper, Local Counter Fraud Specialist, AuditOne presented the Counter Fraud Progress Report which provided details of counter fraud work undertaken between 21 February 2019 and 25 August 2020.

Members were advised that the Covid risk document that had been circulated following a discussion at the previous meeting had been tailored to be more CCG specific in order to be more relevant.

The Counter Fraud Annual Report 2019-2020 had been submitted for information which provided a summary of all counter fraud work undertaken in the year and included the completed SRT which had been submitted on 20 April 2020 ahead of the deadline.

Also included was a concluding report of a counter fraud proactive review of NHS Funds Administered by Charity. The recommendations made related largely to the follow up of the monies and ensuring that receipts had been obtained from those who had received these grants. The Chair sought assurance that the recommendations would be carried forward as it was important to ensure that any money being handing over was being used appropriately and could be accounted for.

The recommendations made during the year had all been completed and there were none outstanding to report and members were advised that progress against the 6 month counter fraud workplan would be completed by the end of September 2020.

The Chair thanked Nikki Cooper for all the work and support she had provided the CCG with which was greatly appreciated.

Assurance:

The Board can be assured by the counter fraud work that had been undertaken in the year within the organisation. There had been no outstanding recommendations

to report and the 6 month counter fraud workplan would be completed by the end of September 2020.

Resolved:

(a)	Integrated Audit and Governance Committee members noted the contents of the progress report, including the progress against the 2020 6-month workplan;
(b)	noted the submitted self-review toolkit and annual report for 2019/20, and
(c)	noted the content of the fraud proactive report

8. FINANCIAL GOVERNANCE

8.1 FINANCIAL REPORT

The Chief Finance Officer provided a verbal update in relation to the latest financial planning guidance. She reported that a lot of work had taken place over the last two weeks to try and gain a sense, both pre and during Covid, of the expenditure profile and a forecast to the end of the year. This had been further complicated by the move to the two geographical partnerships of Humber and North Yorkshire and York. The Chief Finance Officer advised that she had been the lead for the Humber area and had taken part in regional and local meetings, workshops and discussions about the future and how to achieve the best for the area in terms of a financial settlement which had culminated in a return being submitted at 10.30am today. This was a first cut of the expenditure for the respective organisations across the Humber and the ICS between now and the end of the financial year. It was reported that there had been a huge amount of change in guidance, issues around transformation funds, local top up arrangements and deliverability of the Mental Health Investment Standards (MHIS) for 2020/21 and the Chief Finance Officer highlighted to the IAGC that Hull CCG were currently, based on expenditure, not declaring compliance with the MHIS expenditure for 2020/21; however it was anticipated that by the time of the financial plan submission on the 21 September 2020 that this position would have been rectified.

As yet there had been no confirmation of financial allocations, either at individual organisation level or at System level, but this was expected imminently and at that point a comparison would be made with the forecast expenditure. Work was on-going to try and understand how the process of allocation would work within a System where the only statutory organisations that existed were the CCGs and the provider trusts within the patch. Health inequality and rurality variances that existed across the sub-systems would need to be addressed and the Chair stated that the CCG Board would need to be clear what it wanted to achieve and focus on at Place level.

Members were advised that the consultation to establish a single executive team across the three CGGS: Hull, East Riding and North Lincolnshire, had commenced and in terms of statutory accountability there was a clear direction of travel that accountability for all statutory duties would sit at that single executive team.

The Deputy Chief Finance Officer presented the Financial Report for information, which provided the CCGs financial position, as at the 31st of July 2020, within the current temporary financial regime.

It was understood that the monthly amounts received to date would continue until the end on month 6 and, as reported at the previous meeting, CCGs were still required to use their allocations which meant that they would overspend each month and then

receive a 'Retrospective Top-Up' in the subsequent month. These top ups were split between COVID and non-COVID costs.

As mentioned earlier, a new financial regime was anticipated which would provide more clarity and at that point overspends would need to be managed more closely at a System level.

The Chief Finance Officer stated that, moving forward, individual organisations both CCGs and Providers could overspend or underspend but, in aggregate, the System must achieve financial balance.

The Chair sought clarity in relation to the costs for Acute Services in the Summary Finance Report, the Deputy Chief Finance Officer advised that NHSE/I were paying the independent sector directly (Spire contract) and for the other Acute trusts, NHSE/I had calculated the amounts to be paid by the CCG for the block contracts. Any top-ups for over-spends were paid directly by NHSE/I to the Acute Trusts. From month 7 onwards the block contracts with the Trusts were being revised.

The Chair also queried the £40k spend under the STP Project Directorate, the Deputy Chief Finance Officer advised that this cost was prior to the transfer and discussions were currently taking place with HUTH and STP with a view to recharging them for some of this amount. The CCG would still continue to pick up a proportional share of this cost.

Jason Stamp noted the overspend on Continuing Healthcare (CHC) and advised that there was a lot of talk nationally about the potential impact of Covid on CHC, and in particular the increase in take up around children. The Chief Finance Officer advised that within this line of expenditure the CCG were also facing the impact of the change rules around the relaxed assessment processes due to Covid. The assessment processes re-started on 1 September 2020 so there should be some recalibration and the CCG would also have to work closely with the local authority on new national guidance around hospital discharge processes and financial assessments.

Members were reminded that Chris Denman would be attending the November IAGC meeting to provide an update on CHC.

Assurance:

The CCG continued to work within the current temporary finance regime.

It was understood that the monthly amounts received to date would continue until the end on month 6 and CCGs were still required to use their allocations which meant that they would overspend each month and then receive a 'Retrospective Top-Up' in the subsequent month. These top ups were split between COVID and non-COVID costs.

A new financial regime was anticipated which would provide more clarity and at that point overspends would be managed at a System level which would need to be worked through.

A 1st cut of the Humber System Financial Plan had been submitted but as yet there had been no confirmation of financial allocations, either at individual organisation level or at System level, but this was expected imminently and at that point a comparison would be made with the forecast expenditure.

Resolved:

(a)	Integrated Audit and Governance Committee Members noted the performance for the year to 31 July 2020, 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.

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

Members were advised that the following two further risks had been included within the report. These did not meet the threshold for inclusion in the Committee report, however they had been submitted for completeness:

Risk 898 – Transforming Care – this risk had been including in the Committee report with a request for closure. This risk had previously been requested for closure via this Committee and it was therefore included for Member’s information with a re-request for closure. Jason Stamp commented that he had not seen an update at the Quality and Performance Committee which would enable him to make an informed decision. A recommendation was made that this risk would be picked up by the Quality and Performance Committee.

Risk 946 – Long term absence of Designated Doctor for LAC – this risk had been included within this report as it had been assessed by the risk owner as having a reduced risk rating to below the threshold for inclusion in the Committee report, however, it was included for Member’s information. It was reported that the postholder was now back at work. IAGC approved the removal of this risk.

The following risk remained rating as extreme:

Risk 902 – Resilient Primary Care Workforce – a further update had been provided by Phil Davis around Sitrep process and monitoring of capacity within PCN’s. The Chair queried what the rating of the risk had been reduced to. Jason Stamp stated that the rational for the reduction of this risk would require further discussion by the Primary Care Commissioning Committee.

Assurance:

The Board can be assured that systems and processes are in place to identify and manage risks on the Risk Register. The IAGC are kept updated on any movements, provided with the opportunity to review and comment and approve the removal of any risks from the Risk Register.

IAGC members approved the removal of Risk 946 which related to the long-term absence of the Designated Doctor for LAC as the postholder was now back at work.

It was recommended that the request for closure of Risk 898, which related to Transforming Care, be picked up by the Quality and Performance Committee for an update prior to any decision and that the rational for the reduction of Risk 902 be discussed further by the Primary Care Commissioning Committee

Resolved:

(a)	The continued work to monitor and update the risks on the Risk Register was noted;
(b)	IAGC members approved the removal of Risk 946 - Long term absence of Designated Doctor for LAC;
(c)	the request for closure of Risk 898 – Transforming Care would be picked up by the Quality and Performance Committee for an update prior any decision, and
(d)	the rational for the reduction of Risk 902 would need to be discussed further by the Primary Care Commissioning Committee

9.3 BOARD ASSURANCE FRAMEWORK (BAF)

The Associate Director of Corporate Affairs presented the Board Assurance Framework.

The BAF comprised of a total of 31 risks relating to the revised 9 strategic objectives of the CCG.

The highest rated risks within the BAF related to:

- Health Inequalities (Strategic Objective No. 5)
- Childrens Services (Strategic Objective No. 6)
- Achieving unqualified accounts at the yearend and the reliance on System partners (Strategic Objective No.8)

IAGC members noted the contents of the BAF which reflected where the organisation was at the current point in time and would continue to develop as a document. Once the work around the new financial regime became clearer, this area would be further populated.

Assurance:

The Board can be assured that IAGC members had reviewed and commented on the BAF as appropriate. The document reflected where the organisation was at the current point in time and would continue to develop. Once the work around the new financial regime became clearer this area would be further populated.

Resolved:

(a)	The content of the BAF and the update provided was noted and
(b)	this was a live document and once the work around the new financial regime became clearer, this area would be further populated.

9.4 FREEDOM OF INFORMATION REQUESTS Q1 REPORT

The Associate Director of Corporate Affairs presented the Freedom of Information (FOI) Q1 Report for information. The report provided an update on the current position of FOI requests made to NHS Hull CCG during the period from 1 April to 30 June 2020, along with a summary of requestors.

As expected, the number of requests during the first quarter of this year had been significantly down on previous quarters and the same quarter of last year and the number of requests had reduced by 55% from the Q4 of last year.

The decision had been made to continue the service during the pandemic and the CCG had continued to maintain 100% compliance with the statutory timescale.

The nature of the requests had been similar to previous quarters and the CCG had endeavoured to be as open and transparent as possible.

IAGC members noted the contents of the Freedom of Information Requests Q1 Report for 2020/21

Assurance:

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

The decision had been made to continue the service during the pandemic and during the period 1 April to 30 June 2020, although the number of requests had been significantly down on previous quarters, there had been no missed requests which had all been completed within the statutory 20 working day deadline.

Resolved:

(a)	IAGC members noted the contents of the Freedom of Information Requests Q1 Report for 2020/21
-----	--

9.5 POLICIES

9.5.1 CORPORATE POLICIES

The Associate Director of Corporate Affairs presented a report to notify IAGC Members of the amendments made to the following Corporate policies which had been carried out in line with a refresh of policies within the organisation:

- Acceptable Computer Use Policy
- Offers and Acceptance of Gifts and Hospitality Policy

There had been no substantive changes made to the policies themselves which had required an update to include housekeeping elements and reflect organisational changes.

IAGC Members approved the updated Acceptable Computer Use Policy and Offers and Acceptance of Gifts and Hospitality Policy

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

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

9.5.2 FINANCIAL POLICIES/PROCEDURES

The Deputy Chief Finance Officer presented a report to notify the committee of the amendments made to the following financial policy as a result of a regular review process:

- Prioritisation Framework

There had been no substantive changes made to the framework which had required an update to include housekeeping elements and minor amendments to reflect change in practice or process and organisational change.

Members were advised that, since the circulation of the papers, there had been a change in financial value on the limit that had been set previously for the Chief Finance Officer's approval limit which had been increased from £15,000 to £19,999 to bring it into line with N Lincs CCG and East Riding of Yorkshire CCG and ensure consistency across all three CCGs. This amendment had now been reflected in an updated version of the prioritisation framework.

IAGC Members noted the changes and approved the revised Prioritisation Framework.

Members were advised that a full copy of the Prioritisation Framework was available on request.

Assurance:

The Board can be assured that the CCG regularly reviews and updates its policies and procedures. IAGC Members had approved the updated Acceptable Computer Use Policy, Offers and Acceptance of Gifts and Hospitality Policy and the revised Prioritisation Framework.

Resolved:

(a)	IAGC Members approved the updated Acceptable Computer Use Policy, and Acceptance of Gifts and Hospitality Policy;
(b)	IAGC Members approved the revised Prioritisation Framework, and
(c)	The updated policies and framework would replace existing versions on the CCG website.

9.6 REVIEW OF THE INTEGRATED AUDIT AND GOVERNANCE COMMITTEE TERMS OF REFERENCE

The Associate Director of Corporate Affairs presented the updated IAGC Terms of Reference (ToR) for review. Members were advised that the audit section of the

IAGC ToR was in line with the national guidelines and was largely set. There had been some minor housekeeping amendments and changes to job titles made but there had been no material or substantive changes.

It was noted that although both the IAGC ToR and those of the other two statutory committees: the Remuneration Committee and the Primary Care Commissioning Committee, would go the CCG Board for approval, the changes themselves would not be enacted until approval from NHS England had been received as part of the constitutional review.

Audit Committee members agreed the minor amendments made to the IAGC ToR for submission to the CCG Board for approval

Assurance:

Integrated Audit and Governance Committee Members had reviewed and agreed the minor amendments made to the IAGC Terms of Reference and the updated IAGC ToR would be submitted to the Board for approval.

Resolved

(a)	IAGC Members noted and accepted the minor amendments made to the IAGC ToR which would be submitted to the Board for approval
-----	--

9.7 TERMS OF REFERENCE

9.7.1 BOARD COMMITTEE TERMS OF REFERENCE UPDATES

A review of the terms of reference of the committees of the CCG Board had been carried out by the individual committees with the subsequent revised ToRs being submitted to the Integrated Audit and Governance Committee for consideration prior to submission to the CCG Board for approval, the following comments were made:

Planning and Commissioning Committee Terms of Reference – these were agreed and recommended to the CCG Board for approval. Members were asked to note that on Page 5, 11.2, Xii under approval of rebate schemes the wording “where these are considered to be in the best interest of local patients” had been added.

Remuneration Committee Terms of Reference – these were agreed and recommended to the CCG Board for approval

Primary Care Commissioning Committee Terms of Reference – these were agreed and recommended to the CCG Board for approval

Quality and Performance Committee Terms of Reference – these were agreed and recommended to the CCG Board for approval, subject to the following caveat: as James Crick had a dual role, it would need to be made clear in which capacity he was in attendance for – and this would also be the case for the Primary Care Commissioning Committee.

Committees in Common Terms of Reference – these were agreed and recommended to the CCG Board for approval.

Assurance:

The Board can be assured that the terms of reference for all formal Committees had been subject to an annual review by the individual Committees to ensure that they

continued to meet the needs of the respective Committees which were then submitted to the IAGC for consideration and final oversight.

The IAGC recommended that the Board approve the following revised committee terms of reference:

- Planning and Commissioning Committee Terms of Reference
- Remuneration Committee Terms of Reference
- Primary Care Commissioning Committee Terms of Reference
- Quality and Performance Committee Terms of Reference
- Committees in Common

Resolved:

(a)	IAGC Members approved the updated Terms of Reference for the following CCG Board Committees for submission to the Board for approval: <ul style="list-style-type: none"> • Planning and Commissioning Committee Terms of Reference • Remuneration Committee Terms of Reference • Primary Care Commissioning Committee Terms of Reference* • Quality and Performance Committee Terms of Reference* • Committees in Common Terms of Reference
(b)	The Quality and Performance Committee Terms of Reference would need to make clear in which capacity of his dual role James Crick was in attendance for. This would also need to be the case for the Primary Care Commissioning Committee

9.7.2 TERMS OF REFERENCE OF OTHER RELEVANT GROUPS/SUB-COMMITTEES

The following updated terms of reference of other relevant groups/sub-committees were presented for consideration:

Primary Care Quality and Performance Sub Committee NHS Hull CCG and NHSE Terms of Reference – these were agreed and noted

Health Safety and Security Group Terms of Reference - these were agreed and noted

Information Governance Steering Group Terms of Reference – these were agreed and noted, for consistency “Deputy Chair” to be changed to “Vice Chair”

Joint Emergency Preparedness Resilience and Response (EPRR) / Business Continuity Management (BCM) Group Terms of Reference - these terms of reference were approved, subject to the inclusion of an additional line under Section 5 – Reporting Arrangements – stating that the draft annual report would be submitted to the Integrated Audit and Governance Committee

Pathway Review Group Terms of Reference - these terms of reference had been withdrawn and would be referred back for further work.

IFR Panel Terms of Reference - the link to IAGC was unclear. Terms of reference to include a form of words stating that the IFR Annual Report would be brought to the IAGC prior to submission to the Board.

IFR Appeals Panel Terms of Reference - to be amended to read “Lay Member to Chair” and 3.3.1 to be amended to read “Any member of the Appeals Panel may chair

the meeting in the absence of the Chair provided they had received appropriate training”

Assurance:

The Board can be assured that the IAGC receives and reviews the terms of reference of other relevant groups and sub-committees which fall under it’s remit.

Subject to some minor amendments which would be taken back through the respective Chairs, the following terms of reference were agreed and noted:

- Primary Care Quality and Performance Sub Committee NHS Hull CCG and NHSE Terms of Reference
- Health Safety and Security Group Terms of Reference
- Information Governance Steering Group Terms of Reference
- Joint Emergency Preparedness Resilience and Response (EPRR) / Business Continuity Management (BCM) Group Terms of Reference
- IFR Panel Terms of Reference
- IFR Appeals Panel Terms of Reference

The Pathway Review Group Terms of Reference had been withdrawn and would be referred back for further work.

Resolved:

(a)	IAGC Members agreed and noted the terms of reference for the following other relevant groups/sub-committees, subject to some minor amendment which would be taken back through the respective Chairs: <ul style="list-style-type: none">• Primary Care Quality and Performance Sub Committee NHS Hull CCG and NHSE Terms of Reference• Health Safety and Security Group Terms of Reference• Information Governance Steering Group Terms of Reference• Joint Emergency Preparedness Resilience and Response (EPRR) / Business Continuity Management (BCM) Group Terms of Reference• IFR Panel Terms of Reference• IFR Appeals Panel Terms of Reference
(b)	The Pathway Review Group Terms of Reference had been withdrawn and would be referred back for further work.

9.8 INDIVIDUAL FUNDING REQUESTS (IFR) ANNUAL REPORT 2019/20

The IAGC Chair presented the IFR Annual Report 2019/20 for consideration and approval.

The purpose of the report was to provide NHS Hull Clinical Commissioning Group (CCG) with assurance and information regarding the activity and performance of the Individual Funding Request (IFR) Service for the financial year (1 April 2019 – 31 March 2020). North of England Commissioning Support (NECS) provided the IFR Service on behalf of NHS Hull Clinical Commissioning Group.

Members were advised that the contract with NECS to provide the IFR Service on behalf of Hull CCG ran until the end of February 2021. A discussion would need to take place to review the CCGs requirements moving forward.

The IAGC approved the Individual Funding Requests Annual Report 2019/20 for submission to the CCG Board

Assurance:

The Board can be assured that the CCG had considered and approved the Individual Funding Requests Annual Report 2019/20 for submission for Board approval.

The contract with NECS to provide the IFR Service on behalf of Hull CCG ran until the end of February 2021 and a discussion would need to take place to review the CCGs requirements moving forward.

Resolved:

(a)	The IAGC approved the Individual Funding Annual Report for 2019/20 for submission to the CCG Board, and
(b)	Discussion to take place to review the CCGs requirements with regard to the provision of an IFR Service moving forward

9.9. HEALTH, SAFETY AND SECURITY GROUP ACTION NOTES - the action notes from the meeting held on 16 June 2020 were noted.

9.10 QUALITY AND PERFORMANCE COMMITTEE MINUTES – the minutes from the meetings held on 23 June 2020 were noted.

9.11 PRIMARY CARE QUALITY AND PERFORMANCE SUB-COMMITTEE MINUTES – the minutes of the meeting held on 13 May 2020 were noted.

9.12 PRIMARY CARE COMMISSIONING COMMITTEE MINUTES – there were no approved minutes to bring to this meeting.

9.13 PLANNING AND COMMISSIONING COMMITTEE MINUTES - the minutes from the meeting held on 5 June 2020 were noted.

9.14 COMMITTEES IN COMMON MINUTES – the minutes of the meeting held on 22 June 2020 were noted.

9.15 INFORMATION GOVERNANCE STEERING GROUP ACTION NOTES - the action notes from the meetings held on 13 May 2020 and 8 July 2020 were noted.

9.16 EPRR/BCM ACTION NOTES - there were no approved minutes to bring to this meeting. Meetings of this group had now resumed and approved action notes would be brought to the next meeting.

10. GENERAL

10.1 ANY OTHER BUSINESS

10.2 SCHEDULE OF IAGC MEETING DATES AND REPORT DEADLINES 2021/22

The proposed schedule of IAGC meeting dates for 2021/22 was approved. Diary invites would be sent out for these meeting dates.

The Chair advised that moving forward she had requested that all future IAGC meetings take place via a combination of a physical presence in the Boardroom at Wilberforce Court (up to a maximum of 6 people, in accordance with Covid safe distancing guidelines) with the facility for the remaining attendees to join the meeting virtually.

10.3 DATE AND TIME OF NEXT MEETING

The next meeting of the IAGC would be held on **Tuesday 10 November 2020** at 9.00am



Signed:

Chair of the Integrated Audit and Governance Committee

Date: 10 November 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 Yorkshie 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
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