

INTEGRATED AUDIT AND GOVERNANCE COMMITTEE

MINUTES OF THE MEETING HELD ON 10 NOVEMBER 2020 AT 9.00AM via Microsoft Teams

PRESENT:

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

IN ATTENDANCE:

Kim Betts, Internal Audit Manager, Audit Yorkshire
Nikki Cooper, Local Counter Fraud Specialist, Audit Yorkshire
Joy Dodson, Deputy Chief Finance Officer, NHS Hull CCG
Pam Heaford, Personal Assistant, NHS Hull CCG (*Minute Taker*)
Helen Kemp-Taylor, Head of Audit, Audit Yorkshire
Mark Kirkham, Mazars LPP
Michelle Longden, Corporate Affairs Manager, NHS Hull CCG (*from item 9*)
Deborah Lowe, Deputy Director of Quality and Nursing, NHS Hull CCG (*from item 9*)
Steve Moss, Counter Fraud Lead, Audit Yorkshire
Mike Napier, Associate Director of Corporate Affairs, NHS Hull CCG
Emma Sayner, Chief Finance Officer, NHS Hull CCG

OBSERVING:

Martin Wright, Lay Member and Audit Chair for Greater Huddersfield CCG, North Kirklees CCG and East Riding of Yorkshire CCG

1. APOLOGIES FOR ABSENCE

Apologies had been received from:
Danny Storr, Deputy Chief Finance Officer, NHS Hull and
Rob Walker, Mazars LPP

WELCOME AND INTRODUCTIONS

The Chair welcomed colleagues from Audit Yorkshire who had been appointed as NHS Hull CCG's new internal auditors. Members were advised that Martin Wright, Audit Chair for Greater Huddersfield CCG, North Kirklees CCG and East Riding of Yorkshire CCG would be observing the meeting and introductions were made.

2. MINUTES OF THE PREVIOUS MEETING HELD ON 8 SEPTEMBER 2020

The minutes of the Integrated Audit and Governance Committee (IAGC) meeting held on 8 September 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 8 September 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 8 September 2020 was presented for information and the following updates were provided:

Minute 7.1, IAGC meeting 8 September 2020 – in relation to the outstanding CCG level reports from Capita, it was hoped this information would be available by the end of Q4 and this action would remain on the tracker until such time as this had been received. The Associate Director of Corporate Affairs stated that, as and when a CCG level assurance came through, it would be reviewed; but, in the meantime, the Annual Governance Statement (AGS) had included narrative in relation to the fact that Hull CCG were only partly assured due to the lack of information and this would be reflected similarly in next years' AGS should a similar situation occur.

Minute 9.8, IAGC meeting 8 September 2020 – in relation to the requirements for the provision of an IFR Service moving forward – members were advised that this item would be covered within the Procurement Update to be taken later in the meeting at item 9.5.

Jason Stamp commented that, although there was a focus on IFR, there would also need to be an understanding of some of the other services to be commissioned on a wider level, i.e. working across the four CCGs and there would need to be a more strategic conversation going forward. The Chief Finance Officer concurred that the conversation around procurement would be in that direction and the focus was fundamentally changing and would be discussed more broadly at item 9.5.

Resolved:

| | |
|-----|--|
| (a) | The Action List from the meeting held on 8 September 2020 and updates provided were 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 |
|-------------|----------------|---|
| Jason Stamp | 9.5 | Declared a financial interest in the Procurement Panel Assurance Update in relation to his role as Chief Officer, North Bank Forum for Voluntary Organisations as reference was made to the Social Prescribing extension within the report. The declaration was noted and, as no decisions were required to be made at this meeting, no further action was required.. |
| Joy Dodson | 9.5 | Declared an indirect interest in the Procurement Panel Assurance Update as a family member worked in a voluntary capacity for one of the sub-contractors for the Let's Talk Depression and Anxiety Service. The declaration was noted but no further action was required in the light of the interest declared. |

Resolved:

| | |
|-----|---|
| (a) | The above declarations of interest were noted, but as there were no decisions required to be made, no further action was taken. |
|-----|---|

6. EXTERNAL AUDIT

6.1 EXTERNAL AUDIT PROGRESS AND TECHNICAL UPDATE REPORT

Mark Kirkham, Mazars LLP, presented the above report for information and highlighted the following areas:

Mental Health Investment Standard (MHIS) - it was reported that work on the 2019/20 compliance statement was continuing and it was expected that this work would be carried out in January 2021; however further details were still awaited and the Committee would be kept updated when further information was received.

New Code of Practice – reference was made to the new Code Practice and the key changes that this would make in the area of the value for money (vfm) conclusion work. Members were advised that, whilst the overall vfm conclusion would still refer to the proper arrangements in place, the following headings would form the focus of the vfm conclusion work:

- Financial sustainability
- Governance
- Improving economy, efficiency and effectiveness

It was reported that the detailed statutory Auditor Guidance Notes (AGNs) that supported the new Code were still to be finalised and once the guidance had been received from the National Audit Office (NAO), the IAGC would be kept updated.

Members were advised that, given the overall financial framework for the NHS as it adapted to the current set of circumstances, once the guidance had been received from the NAO, it might be necessary to update the Committee on an updated audit judgement about significant risks in the Audit Strategy Memorandum.

The key changes anticipated for public bodies were:

- More planning and certified self-assessment
- Greater responsibility and accountability of the Audit Committee
- Earlier reporting of the Annual Governance Statement

The above changes were duly noted and, in relation to the early reporting of the Annual Governance Statement (AGS) for the CCG as a public body, both in terms of the current year and what it would need to reflect, the Chair stated that as an organisation we would need to be mindful of this.

The Associate Director of Corporate Affairs stated that, in relation to the greater responsibility and accountability of the Audit Committee, there would need to be formal recognition of whatever the duties were and how these would be delivered which would mean an update of the terms of reference. In addition, the annual review of the effectiveness of the Committee may need to be brought forward next year in the light of any new guidance.

The Chief Finance Officer informed the committee that, in relation to the work around the MHIS for 2020/21, she had been in discussion with all Humber CCGs in relation to how the top up would work for organisations. She went on to explain that there had been a national approach that all contracts under £.5m were to be dealt with through the national top-up process, which had meant that a lot of the small level mental health investment services fell under this level, therefore the fund flow had changed and did not now necessarily flow from a CCG to a provider, but through the national top-up process. However, this still needed to be counted against mental health investment because the money and the services still substantially remained the same and this would need to be accurately captured. The CCGs were working together to work through this.

Assurance:

The Board can be assured that, in terms of the Mental Health Investment Standard, it was understood that there would be a requirement for work on the 2019/20 compliance statement due to be published by 31 March 2021, further guidance was awaited.

A new Code of Audit Practice had come into force on 1 April 2020; however, the detailed statutory Audit Guidance Notes that supported the new Code were still being finalised.

The key changes anticipated for public bodies were:

- More planning and certified self-assessment
- Greater responsibility and accountability of the Audit Committee
- Earlier reporting of the Annual Governance Statement

In the light of any new guidance, the organisation would need to be mindful of the early reporting of the AGS and formal recognition of any additional duties of the Audit Committee which would need to be reflected in the terms of reference.

Resolved:

| | |
|-----|--|
| (a) | Integrated Audit and Governance Committee members noted the contents of the External Audit Progress Report; |
| (b) | Noted that further guidance was awaited in relation to the work on the MHIS 2019/20 compliance statement, and |
| (c) | Noted, in line with the new Code of Practice, the key changes anticipated for public bodies and that the detailed statutory Auditor Guidance Notes that supported the new Code of Audit Practice were still being finalised. |

6.2 AUDIT STRATEGY MEMORANDUM 2020/21

Mark Kirkham, Mazars LLP, presented the Audit Strategy Memorandum (ASM) for NHS Hull CCG for the year ending 31 March 2021 for consideration.

The ASM set out, in outline form, the areas which would need to be covered and the audit approach to be taken in order to be able to give an opinion on the accounts and to form and express a vfm conclusion.

A key part of the ASM was to communicate the areas that had been identified as significant audit risks. The two areas that had been identified as significant audit risks in relation to the audit opinion were:

- Management override of control
- Related party transactions

Members were advised that, in relation to the vfm conclusion, there would be a need to visit the risk assessment when the NAO issued the more detailed guidance and the Audit Committee would be kept fully updated.

The Chief Finance Officer stated that, whilst detailed guidance was awaited, consideration would need to be given to the impact and implications, in particular for Hull CCG as the holder of significant levels of system-wide resource in the second half of the financial year, and what that would mean from a probity and vfm perspective. Consideration would also need to be given to what additional reporting requirements, assurance and controls would need to be put in place as we moved through the rest of this financial year. It was further reported that this was multi-faceted as different levels of resource were coming through some of our neighbouring CCGs which were available for the Hull population and this would also require a level of assurance.

The Chair referred to the action plan, audit scope and timeline, in relation to the planning assumptions for October – November 2020 and asked how this work was

progressing. Mark Kirkham stated that they were not as far on as they would like to have been which was a consequence of the pandemic scenario and timetables slipping elsewhere but assurance was provided that they were able to work effectively in a remote environment to deliver the opinion process.

Assurance:

The Board can be assured that Mazars, the external auditors for NHS Hull CCG, had produced an Audit Strategy Memorandum (ASM) which set out their proposed approach in respect of the audit for the year ending 31 March 2021. There had been some delay in progressing the work which was a consequence of the pandemic scenario and timetables slipping elsewhere but assurance was provided that they were able to work effectively in a remote environment to deliver the opinion process.

Resolved:

| | |
|-----|---|
| (a) | Integrated Audit and Governance Committee members noted the contents of the Audit Strategy Memorandum for 2020/21, and |
| (b) | Noted that, in relation to the vfm conclusion, there would be a need to visit the risk assessment when the NAO issued the more detailed guidance and the Audit Committee would be kept fully updated. |

7. INTERNAL AUDIT

7.1 INTERNAL AUDIT PROGRESS REPORT

Kim Betts, Internal Audit Manager for Audit Yorkshire, presented the Internal Audit Progress Report to update the Committee on progress against the Internal Audit plan for 2020/21.

Audit Yorkshire had taken over the contract for Internal Audit Services from 1 October 2020 and a revised plan would need to be considered for 2020/21 which would take into account those audits that were required in order for a meaningful Head of Audit Opinion to be provided at the year end. It was noted that, going forward, the format of the report would look different in that the recommendations would be considered separately from the actual progress against the current plan.

The Chair asked what descriptor levels of assurance Audit Yorkshire would be using and was advised that the following levels would be used: high assurance, significant assurance, partial assurance and low or no assurance. A full description of the levels of assurance provided by Audit Yorkshire would be circulated for members' information.

Summary of Progress

Members were advised that the progress to date was based on the Audit One Internal Audit plan which had been agreed in February/March 2020 and it was noted that the following two final audit reports had been issued since the last IAGC meeting, both of which had been produced by Audit One:

- Primary Care Commissioning – **Full Assurance** (NHSE assurance opinion)
- Financial and Strategic Planning (Part 1) – **Substantial Assurance** (with 1 low level recommendation)

Key Performance Indicators

Members were advised that the Key Performance Indicator table would be populated as Audit Yorkshire followed through the plan and issued audit reports

Follow up Summary

In terms of the follow-up position, Kim Betts advised that she would be contacting all of the risk owners personally in order to understand the issues and move the actions on. Going forward, all outstanding actions would be presented to the IAGC including the ones that had been given a low priority in order to form a complete picture.

Summary of Performance against the 2020/21 Plan

Members were advised that the planned days for 2020/21 in the first column of 86 days referred to the Audit One agreed plan and Audit Yorkshire would not be able to deliver a full year's plan in 6 months; therefore a new plan was being devised for the next 6 months and it was hoped to be able to send this to the Chief Finance Officer by tomorrow (12 November), following which it would be circulated to IAGC members outside of the normal committee structure. Work against the plan would commence with mandated and key audits needed for the Head of Audit Opinion.

Assurance was provided that there would be some consistency in terms of people working on the plan.

The Chief Finance Officer advised that there were two outstanding actions linked to the Aligned Incentive Contract. These would be picked up in due course, however it was reported that some of this work had been superseded with the national financial regime arrangements from a contract perspective and it was agreed, due to time restraints, to defer this piece of work.

In relation to priorities and the earlier discussion around the AGS, Helen Kemp-Taylor stated that a list had been made of the audits that it was felt were necessary in order for her to provide a meaningful Head of Audit Opinion (HoIAO). Additionally, she had arranged to meet with NHSE/I to see if there was anything they were expecting from Audit Yorkshire in terms of a HoIAO that would impact on the AGS for this year. Core areas of work would form part of the plan but it would also need to remain flexible.

The Chief Finance Officer advised that there was some additional capacity coming into the ICS from a financial leadership perspective. Mark Bradley had been appointed as Head of Finance, Mark who was well known to finance colleagues and had latterly been the YAS Director of Finance. He would be working with Humber, Coast and Vale in a strategic finance capacity.

Assurance:

The Board can be assured of the progress made against the Internal Audit plan for 2020/21.

The following two final audit reports had been issued since the last IAGC meeting, both of which had been produced by Audit One:

- Primary Care Commissioning – **Full Assurance** (NHSE assurance opinion)
- Financial and Strategic Planning (Part 1) – **Substantial Assurance** (with 1 low level recommendation)

Audit Yorkshire had taken over the contract for Internal Audit Services from 1 October 2020 and a revised plan would need to be considered for 2020/21

Resolved:

| | |
|-----|---|
| (a) | Integrated Audit and Governance Committee Members noted the progress made against the Internal Audit Plan for 2020/21; |
| (b) | Audit Yorkshire had taken over the contract for Internal Audit Services from 1 October 2020 and a revised plan would need to be considered for 2020/21, and |
| (c) | A full description of the levels of assurance provided by Audit Yorkshire would be circulated for members' information. |

7.2 COUNTER FRAUD PROGRESS REPORT

Nikki Cooper, Local Counter Fraud Specialist for Audit Yorkshire, presented the Counter Fraud Progress report for information which provided details of the following key issues:

- Awareness work and counter fraud newsletter
- Three fraud alerts issued
- Update on the National Fraud Initiative exercise 2020/21
- Introduction of the Government Functional Counter Fraud Standard
- Fraud Prevention Guidance Impact Assessment

Current counter fraud work included looking at policies, updating the intranet, preparing for International Fraud Awareness Week and following up on any outstanding recommendations.

A draft Counter Fraud Work Plan for NHS Hull CCG for 1 October 2020 – 31 March 2021 had been sent to the Chief Finance Officer for review and this would be circulated to members for approval following the meeting.

The Committee were provided with the details of a recent significant unsupported financial Covid-related claim which had been successfully detected and halted. IAGC members questioned if the CCG could take this alleged fraud further, but the Chief Finance Officer advised that this was not only a local issue and a decision had been taken at a national level not to pursue. Assurance was provided to IAGC members that Hull CCG took counter fraud very seriously and the finance team continued to challenge every invoice and approach to ensure the correct criteria and guidance were being followed. The Chief Finance Officer further stated that, if required, she would be happy to have a conversation with Vincent Sai to convey Hull CCG's view with regard to the decision taken nationally.

Steve Moss, Counter Fraud Lead for Audit Yorkshire made the Committee aware of the implementation of the Counter Fraud Functional Standard which would replace the current NHSCFA standards for fraud, bribery and corruption by the end of this financial year. There would be a requirement for some fundamental changes in the approach to working practices, primarily around refining the fraud risk assessment process and it was flagged that there may be some issues in terms of compliance against some of the standards, the detail of which was still awaited. Members would be kept fully updated as and when any further information was received.

Assurance:

The Board can be assured by the level of counter fraud awareness work that is being undertaken

A draft Counter Fraud Work Plan for NHS Hull CCG for 1 October 2020 – 31 March 2021 had been sent to the Chief Finance Officer for review and this would be circulated to members for approval following the meeting.

Resolved:

| | |
|-----|---|
| (a) | Integrated Audit and Governance Committee Members noted the contents of the Counter Fraud Progress Report; |
| (b) | The draft Counter Fraud Plan for NHS Hull CCG for 1 October 2020 – 31 March 2021 would be shared with IAGC members for approval following the meeting, and |
| (c) | The Counter Fraud Functional Standard, which would replace the current NHSCFA standards for fraud, bribery and corruption by the end of this financial year would require some fundamental changes in the approach to working practices, primarily around refining the fraud risk assessment process. Members would be kept fully updated as and when any further information was received. |

8. FINANCIAL GOVERNANCE

8.1 FINANCIAL REPORT

The Chief Finance Officer presented the Finance Report to update the Committee on the CCG’s financial position as at the 30 September 2020 under the current temporary financial regime which was changing on a rapid basis. This concluded the first part of the year under the regime which had been put in place as an emergency response to the Covid pandemic. The Financial Performance section of the report detailed the profile of expenditure that was flowing through Hull CCG and what we were anticipating would be received as a retrospective allocation to balance the position to Month 6.

In relation to the Month 7-12 planning process, the Chief Finance Officer advised that she had been given the responsibility of pulling together the plan across the Humber which had culminated in a forecast being presented to NHSE/I which had confirmed an overall financial gap to envelope of just over £8m. The biggest areas of significant volatility continued to be prescribing, continuing healthcare and out of area mental health expenditure.

Notification had not yet been received from NHSE/I that this was an acceptable position, but initial feedback had been that they were understanding of the good piece of work done in taking a challenging and realistic view. More detailed updates would be provided to the Committee as when we moved forward.

Members were further advised that the envelopes and allocations, which were a response to a pandemic, were assuming R=1. They did not take account of a Wave 2 impact and therefore this would need to be understood.

There were on-going discussions around the future of commissioning and legislation was anticipated; in the meantime primacy of Place continued to be a feature of discussions and the local authorities were keen to ensure that population need was fed into this.

In response to a concern raised by the Chair around the increase in creditors over 6 months, the Chief Finance Officer advised that these seemed to be related to queries

over packages of care and getting invoices in; however this would be kept under review.

Jason Stamp expressed concern in relation to the increasing number of out of area placements as a result of Covid, which were costly. There was a need to understand if these were placements that needed to be out of area or if this was a consequence of the local situation in terms of beds resulting in having to put people out of area. He advised that he had requested a much more detailed understanding of these costs on a regular basis through the Quality and Performance Committee.

The Chief Finance Officer expressed her concern at the current building pressure at Hull University Teaching Hospital and the fact that we were not seeing the same level of lifting of some of the processes and arrangements that had been put in place in Wave 1 and there seemed to be a reticence to impose these on a national basis. She expressed serious concern that the allocation had been set on an average and we were not average as we were moving through Wave 2. She further stated that there was a need to articulate this more fully within the risk environment to reflect the current situation. Jason Stamp supported this and commented that, in reality, at the end of current lockdown, Hull would be in Level 3 which would pose a longer term risk; impact on services and risks around monies, patient outcomes and patient harm would also need to be articulated. The Chair agreed that the current situation needed to be taken very seriously and reflected in the Risk Register. The Associate Director of Corporate Affairs agreed that, in relation to the current pressure in the system locally, during Wave 1 there had been a raft of measures nationally that allowed for the focus to be on the anticipated wave but the central line now was very much 'business as usual' whilst also preparing for Wave 2 which amounted to trying to achieve a proportionate balance between the two with a finite amount of capacity and resource within the system which was a serious concern. He stated that this would also need to be highlighted on the BAF, under strategic objective 4, section 1 – delivery of constitutional targets – and more importantly the adverse impact on local patients if we were not able to achieve this.

Assurance:

The Board are advised that, as previously reported, block contract arrangements had been in place for the first half of this financial year.

Guidance on the allocations and contractual arrangements from the 1 of October had now been provided and had a much greater emphasis on system working. It also included an allocation for the cost of COVID related expenditure that local NHS organisations have to work within, i.e. the CCG will no longer be reimbursed by NHSE/I to ensure a break-even position.

The Chief Finance Officer, Hull CCG, had been given the responsibility of pulling together the Month 7-12 Humber Financial plan submission which had culminated in a forecast being presented to NHSE/I which had confirmed an overall financial gap to envelope of just over £8m. The biggest areas of significant volatility continued to be prescribing, continuing healthcare and out of area mental health expenditure. Official feedback had not yet been received from NHSE/I and further updates would be provided.

Resolved:

| | |
|-----|--|
| (a) | Integrated Audit and Governance Committee Members considered the CCG's performance for the year to 30 September 2020 under the temporary financial regime, and |
| (b) | In relation to the Month 7-12 Humber financial plan submission to NHSE/I which had confirmed an overall financial gap to envelope of just over £8m, once official feedback had been received, a further update would be provided |

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, and
Debbie Lowe, Deputy Director of Quality and Nursing, 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 latest 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. On this occasion, it was noted that the risks were all rated as high, rather than any extreme related risks.

The following changes to the Risk Register were highlighted:

Risk 902 – this was a Primary Care risk which related to CCG practices being unable to maintain a resilient primary care workforce in the current climate – the risk rating had reduced from an Extreme Risk 15 to a High Risk 12 as a consequence of discussion in the Primary Care Commissioning Committee.

Jason Stamp expressed his concern that there was a need to see the plan delivering some results and this would need to be closely monitored. The Chair advised that this reduction had been agreed by the Primary Care Commissioning Committee. The Associate Director of Corporate Affairs acknowledged that the nature of this volatile area was such that it could change again and this could be re-visited and increased again to reflect the evolving risk.

IAGC Members requested that this risk be taken back to the Primary Care Commissioning Committee and would be reviewed at the next meeting

Risk 942 – this related to lack of capacity and capability within Primary Care Networks in terms of supporting the delivery of the long-term plan objectives. This risk would need to be further developed in the light of the on-going impact of Covid, and there was a need for robust and up to date business continuity plans within each individual practice.

The Chair referred to the following risk:

Risk 861 - which related to Never Events - she advised that the Board had requested that this risk needed to be fully reviewed and felt that it should be rated higher than it currently was based on performance. The update was reporting no Never Events and there had actually been two which had since been down-graded to Serious Incidents, there was a need to be mindful of the Board discussion which needed to be more reflective in the Risk Register. The Deputy Director of Quality and Nursing advised that there was some challenge around the national definitions and the Never Event framework but this didn't detract from the patient safety element and they were still serious incidents. Jason Stamp reported that, at the last Q&PC, there was a deteriorating position in terms of SIs coming out of HUTHT in particular and, with the waiting list challenge, further thought would need to be given to capturing the wider risk around deteriorating patients.

The Chief Finance Officer stated, that given the discussions that had been taking place – around 52 week waits in particular, it was more about how we articulated our concerns in relation to risk around culture.

The Deputy Director of Quality and Nursing agreed that the focus should not be solely on Never Events and lose the traction against SIs and stated that there needed to be a stronger risk profile around serious incidents and response to the challenge put in.

The Associate Director of Corporate Affairs advised that robust discussion had taken place at the SLT meeting whilst considering an initial draft reply to the Quality Accounts that the providers are required to publish to explicitly reflect the consistent concerns that had been articulated.

IAGC Members requested that this risk be taken back to the Q&PC to be re-defined with assistance from the SLT

Risk 839 – which related to SEND, Speech and Language Therapy, Autism – Jason Stamp commented that some progress had been made as a result of the whole change of focus taken.

Jason Stamp referred to the following provider risk:

Risk 911 – which related to pressures at Humber Foundation Trust on skill mix and overall staff resource available; and he felt that, in a Covid context as things were moving so fast, this may well increase.

The Chair agreed that, in terms of value for money for the services we were buying on behalf of our population, they deserved so much better

IAGC members approved the Risk Register in its' current form and requested that the responsible committees go back and re-visit their respective risks discussed and the IAGC look at them again next time

Assurance:

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

IAGC Members requested that the following risks be re-visited by the responsible Committees and be brought back to the next IAGC meeting:

- Primary Care Risk 902 to be taken back to the PCCC for further review, and
- Risk 861 which related to Never Events to be taken back to the Q&PC to re-define, with assistance from SLT

Resolved:

| | |
|-----|--|
| (a) | The continued work to monitor and update the risks on the Risk Register was noted; |
| (b) | IAGC Members approved the Risk Register in its current form and requested that the following risks be taken back to the responsible Committees for further review and brought back to the next IAGC meeting: |
| (c) | Risk 902 to be taken back to the PCCC for further review |
| (d) | Risk 942 to be further developed in light of the on-going impact of Covid |
| (e) | Risk 861 be taken back to the Q&PC to re-define, with assistance from the SLT |

9.3 BOARD ASSURANCE FRAMEWORK

The Associate Director of Corporate Affairs presented the Board Assurance Framework (BAF) for review. Members were advised that there were 7 Extreme rated, 23 High rated and 1 Moderate rated risk on the BAF.

The Associate Director of Corporate Affairs stated that, as mentioned earlier, reference was made to Risk 4i which related to the increased risk of poor outcomes as a result of inability to meet constitutional targets and advised that there may be a need to broaden and be more explicit as to the specific risks that were presented at the current time and consider any additional mitigations or controls we needed to consider adopting at the present time.

It was agreed that there needed to be a robust clinical prioritisation and risk assessment process in place so that those in most urgent need were prioritised.

Jason Stamp stated that there was also a risk around communication with patients on waiting lists. The Associate Director of Corporate Affairs agreed that there were a number of challenges and experiences for people that needed to be included in the BAF to reflect where we were now and this would need to be revisited and reflected on this basis; whilst recognising as a collective system that we were in unprecedented times.

Jason Stamp further stated that, in terms of Health Inequalities and Better Outcomes, this area felt light in terms of the risks and the mitigations and the actions that could be taken compared to the Risk Register and requested that this be looked at further. The Associate Director of Corporate Affairs concurred and advised that he would discuss this with the Chief Operating Officer and others to provide an adequate reflection of where we were and the work that was on-going in this respect.

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.

With regard to Risk 4i, which related to the increased risk of poor outcomes as a result of inability to meet constitutional targets, there may be a need to broaden and be more explicit as to the specific risks that were presented at the current time and consider any additional mitigations or controls to be adopted. It was agreed that there needed to be a robust clinical prioritisation and risk assessment process in place so that those in most urgent need were prioritised.

In terms of Health Inequalities and Better Outcomes – this would be referred back to SLT to revisit to provide an adequate reflection of the work that was on-going in this respect.

Resolved:

| | |
|-----|---|
| (a) | The content of the BAF and the update provided was noted; |
| (b) | Consideration to be given to risk 4i to be more explicit as to the specific risks that were presented at the current time and any additional mitigations or controls that may need to be adopted, and |
| (c) | In terms of Health Inequalities and Better Outcomes – this would be referred back to SLT to revisit to provide an adequate reflection of the work that was on-going in this respect. |

9.4 GIFTS AND HOSPITALITY REPORT

IAGC members were informed that no Declarations of Gifts and Hospitality had been submitted since the last report to the IAGC in May 2020.

9.5 PROCUREMENT PANEL ASSURANCE UPDATE

Jason Stamp declared a financial interest in item 9.5 in relation to his role as Chief Officer, North Bank Forum for Voluntary Organisations as the Social Prescribing extension was mentioned within the report. The declaration was noted and, as no decisions were required to be made at this meeting, no further action was required.

Joy Dodson declared an indirect interest in item 9.5 as a family member worked in a voluntary capacity for one of the sub-contractors for the Let’s Talk Depression and Anxiety Service.

The declaration was noted and, as no decisions were required to be made at this meeting, no further action was required.

The Deputy Director of Finance presented this report to provide an update on current and future procurement activity for NHS Hull Clinical Commissioning Group. Members were advised that, due to the emergency pandemic situation, a report for the whole of the 2019/20 year had not been submitted to the May 2020 Integrated Audit and Governance Committee; therefore, for completeness, this report covered the 2019/20 financial year and the period of April to September 2020.

Details of the contracts awarded between 1 April 2019 and 31 March 2020, both healthcare and non-healthcare, were provided for information.

No new contracts had been awarded between 1 April and 30 September 2020; however, a number of decisions had been taken in respect of existing contracts during the period. It was confirmed that the Community Equipment and Integrated

Wheelchair Service contract had been approved at the Committees in Common meeting held on Friday 6 November for an extension.

In terms of current activity: in relation to the North of England Commissioning Support (NECS) contracts for Medicines Optimisation and IFR (referred to earlier in the meeting), work was progressing on a 4 CCG Humber footprint for both of these services and it was now getting close to the termination for both of these contracts. The current proposal being looked at to put to the 4 CCG Boards and appropriate other Committees was to award a 13-month contract for both of these to continue on the current terms in the current format to run through to April 2022. From a Medicines Optimisation point of view this would allow time to work through the Primary Care Network DES in respect of additional roles re-imburement and structured medication reviews and medicines optimisation within the Network DES; and from an IFR perspective, work through how we were going to do this working much more closely together as an aligned group of CCGs.

The Chair stated that, in relation to IFR, concerns had been raised in the past in regard to the quality of the service we received from an organisation perspective and this would need to be taken into consideration when we were looking post April 2022. She also expressed further concern in relation to the IVF Service in terms of moving this to a System approach and the big piece of work that Hull would need to undertake in terms of consultation when looking at the current number of IVF cycles. These comments were duly noted.

Jason Stamp agreed that it made sense to have a 4 CCG approach to IFR but stated that preserving the population health management at Place would be a challenge and re-iterated that the equalities and engagement work would be incredibly important.

With regard to the contract for Integrated Community Services which was the largest contract, this was scheduled to go to Council of Members on Thursday (12 November) for discussion with the members as commissioners. The focus would be 'how do we re-design services for the patient in light of ICS, the NHS long term plan and learning from Covid' It was noted that there was still a piece of missing consultation response around the application of the public contract regulations for the NHS.

Resolved:

| | |
|-----|--|
| (a) | Integrated Audit and Governance Committee Members noted the content of the Procurement Panel Assurance update report in respect of procurement activity during the 2019/20 financial year and the period of April to September 2020. |
|-----|--|

9.6 CONTINUING HEALTH CARE (NHS-CCG) UPDATE REPORT

The Deputy Director of Quality and Clinical Governance presented this report to provide the IAGC with an update on the progress made against the required actions, as assessed by Audit One in September 2019.

Members were advised that progress on some of the proposals that had been put forward and had started to be worked through and beginning to gain traction had been stalled by both the need to re-design and as a result of the impact of Covid.

In summary it was reported that in terms of the 6 actions: 2 actions were no longer active, 2 actions had been completed in full and a further 2 actions remained outstanding and in progress with revised deadline dates for Q4 of 2021, as detailed below:

- Action 1 - superseded and closed
- Action 2 - superseded and closed
The above 2 actions had now been superseded by future plans as a result of the Adult Social Care department internal review.
- Action 3 - in progress with a revised deadline of January 2021
This action was progressing although delayed as a result of both the impact of the Coronavirus Pandemic and the Adult Social Care department internal review.
- Action 4 - this action had been completed
- Action 5 - this action had been completed
- Action 6 - in progress with a revised deadline of March 2021
This action was ongoing and delayed as a result of the implementation of an interim emergency legislative framework in response to the pandemic.

Members noted the above progress and update provided and the Chair requested that a further update be brought to the IAGC meeting in March 2021 to report on continued progress and provide assurance that the patients that required this service were being captured.

Jason Stamp expressed concern, in relation to the 2 actions that had not been completed, which he stated were fundamental in relation to financial flow around re-charging and decision making and asked if these would be completed within the timescales in the report. The Deputy Director of Quality and Clinical Governance advised that this would be picked up as part of the service re-design and the plan to do things differently going forward.

Assurance:

The Board can be assured that, in relation to progress made against the required 6 actions, as assessed by Audit One in September 2019: 2 actions were no longer active, 2 actions had been completed in full and a further 2 actions remained outstanding and in progress with revised deadline dates for Q4 of 2021. This was a result of both the impact of the Coronavirus Pandemic and the Adult Social Care internal review.

The IAGC had requested that a further update report be brought back in March 2021.

Resolved:

| | |
|-----|---|
| (a) | The content of the Continuing Healthcare Update Report was noted, and |
| (b) | the Chair requested that a further update be brought to the March 2021 IAGC to report on continued progress |

9.7 EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE (EPRR) 2020/21 SELF-ASSESSMENT AND 2019/20 ANNUAL REPORT

Members were presented with a report which outlined the amended requirements for Emergency Preparedness, Resilience and Response (EPRR) self-assessment against core criteria in place for 2020/21 and the CCG's submission in line with the revised arrangements.

Members were also requested to approve the Business Continuity/Emergency Preparedness, Resilience and Response Annual Report 2019/20 which detailed activities associated with EPRR that had been undertaken over the previous financial year.

The Associate Director of Corporate Affairs advised that both himself, and a number of other people, had been heavily involved in the self-assessment process which had been led by Karen Ellis, Deputy Director of Commissioning. He advised that it was very comprehensive and set out the reasons why only partial compliance had been given to some of the self-assessment areas. Members were reminded that this was a look back at last year and were advised that there was a lot of ongoing work taking place for this year, particular in relation to our on-going response to the Level 4 national situation.

The Chair advised that the Deputy Director of Commissioning kept her updated with this work and she expressed her thanks to everyone for the effort they were putting into it.

IAGC members noted the changed requirements for self-assessment against EPRR core competencies from 2020/21, noted the required submission and approved the Business Continuity/Emergency Preparedness, Response Annual Report 2019/2020.

Assurance:

The Board can be assured that the CCG had prepared a response to the Annual Assurance Process and the Incident Response to the COVID 19 Pandemic as defined by NHSE Regional EPRR Team.

The IAGC had approved the Business Continuity / Emergency Preparedness, Response Annual Report 2019/2020.

Resolved:

| | |
|-----|--|
| (a) | IAGC Members noted the changed requirements for self-assessment against EPRR core competencies from 2020/21; |
| (b) | Noted the required submission, and |
| (c) | Approved the Business Continuity / Emergency Preparedness, Response Annual Report 2019/2020. |

9.8 POLICIES

9.8.1 E-MAIL POLICY

9.8.2 CONFLICTS OF INTEREST POLICY

The above two updated policies were presented for approval.

Members were advised that there had been no substantial changes made to the policies themselves which had required an update to include general housekeeping elements and reflect organisational changes.

In relation to the Conflicts of Interest Policy, the Associate Director of Corporate Affairs advised that there had been no material changes made nationally to the definitions. He did however advise that, following discussion at a previous meeting, under Section 13, explicit reference had been made to both the organisational potential consequence for somebody consciously not making a declaration when they were aware they perhaps should, both from a formal/disciplinary point of view organisationally but also the potential for criminal action in those circumstances so that people were fully aware of the consequences.

IAGC Members approved the changes to both the E-Mail Policy and Conflicts of Interests 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.

Assurance:

The Board can be assured that the CCG regular reviews it's policies in line with organisational changes and latest guidance.

IAGC members had approved an updated E-mail Policy an updated Conflicts of Interest Policy which would be shared with all staff and published on the CCG website.

Resolved:

| | |
|-----|---|
| (a) | IAGC Members noted and approved the updated E-mail Policy, and |
| (b) | IAGC Members noted and approved the updated Conflicts of Interest Policy |
| (c) | Both updated policies would be shared with all staff and published on the CCG website |

9.9. UNACCEPTABLE BEHAVIOUR STATEMENT

The Deputy Director of Quality and Clinical Governance presented the updated Unacceptable Behaviour Statement and informed the Committee of the amendments made to the Zero Tolerance Statement which set out NHS Hull CCG's statement in addressing any aggressive, abusive, violent or anti-social behaviour towards our staff. This also included domestic abuse in all its forms.

The Deputy Director of Finance proposed that this be communicated to staff through a future Team Brief to update and remind people and ensure staff are supported.

Resolved:

| | |
|-----|---|
| (a) | IAGC Members noted the updated Unacceptable Behaviour Statement, and |
| (b) | the updated Unacceptable Behaviour Statement would be communicated to staff through a future Team Brief |

9.10 QUALITY AND PERFORMANCE COMMITTEE TERMS OF REFERENCE

The Deputy Director of Quality and Clinical Governance advised that this item had been discussed at SLT and was a proposal to change the frequency of the Quality and Performance Committee meetings to bi-monthly. Currently the meetings were in quick succession and there was a need to focus on quality improvement and drive through the actions and this would also allow timeframes to be aligned in order to be able to present the most recent report to the Board.

Jason Stamp advised that the Q&PC were broadly supportive of this proposal but requested that the following caveats be included prior to seeking Board approval:

- Consideration to be given to the timings of the Q&PC in relation to the Board
- If there was a serious quality concern, a meeting would be able to be re-convened in the interim
- Consideration to be given to the impact on the Q&PC workplan in terms of quarterly reporting

IAGC Members would recommend that the Board approve the updated terms of reference for the Quality and Performance Committee to reflect the change in frequency of meetings to bi-monthly, subject to the inclusion of the above caveats.

Resolved:

| | |
|-----|---|
| (a) | IAGC Members recommended that the Board approve the updated Quality and Performance Committee term of reference to change the frequency of the meetings to bi-monthly, subject to the inclusion of the caveats discussed. |
|-----|---|

9.11 INFORMATION GOVERNANCE STEERING GROUP TERMS OF REFERENCE

The Associate Director of Corporate Affairs advised that the Information Governance Steering Group terms of reference had been updated to reflect a minor change in people's titles. The core responsibilities of the group remained the same.

Resolved:

| | |
|-----|--|
| (a) | IAGC Members noted the minor change made and approved the updated terms of reference for the Information Governance Steering Group terms of reference. |
|-----|--|

9.12 HEALTH, SAFETY AND SECURITY GROUP ACTION NOTES - the action notes from the meeting held on 9 September 2020 were noted.

9.13 QUALITY AND PERFORMANCE COMMITTEE MINUTES – the minutes from the meetings held on 21 July 2020 and 22 September 2020 were noted.

9.14 PRIMARY CARE QUALITY AND PERFORMANCE SUB-COMMITTEE MINUTES - there were no approved minutes to bring to this meeting

9.15 PRIMARY CARE COMMISSIONING COMMITTEE MINUTES – the minutes of the meetings held on 26 June 2020 and 28 August 2020 were noted.

9.16 PLANNING AND COMMISSIONING COMMITTEE MINUTES - the minutes from the meeting held on 3 July 2020 were noted.

9.17 COMMITTEES IN COMMON MINUTES – there were no approved minutes to bring to this meeting

9.18 INFORMATION GOVERNANCE STEERING GROUP ACTION NOTES - the action notes from the meeting held on 30 September 2020 were noted.

9.19 EPRR/BCM ACTION NOTES - there were no approved minutes to bring to this meeting.

10. GENERAL

10.1 ANY OTHER BUSINESS

10.2 DATE AND TIME OF NEXT MEETING

The next meeting of the IAGC would be held on **Tuesday 12 January 2021** at 9.00am
There would be a private pre-meet for IAGC members with the auditors at 8.30am

A handwritten signature in blue ink, appearing to read 'Stanley', is positioned above the signature line.

Signed:

Chair of the Integrated Audit and Governance Committee

Date: 12 January 2021

Abbreviations

| | |
|----------|---|
| AAL | Annual Audit Letter |
| ACR | Audit Completion Report |
| AGN | Auditor Guidance Notes |
| AGS | Annual Governance Statement |
| AIC | Aligned Incentive Contract |
| ASM | Audit Strategy Memorandum |
| BAF | Board Assurance Framework |
| BCF | Better Care Fund |
| CHC | Continuing Healthcare |
| CHCP | City Healthcare Partnership CIC |
| CiC | Committees in Common |
| 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 |
| IAGC | Integrated Audit and Governance Committee |
| 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 |
| MHIS | Mental Health Investment Standard |
| 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 |
| SRT | Self Review Tool |
| ToR | Terms of Reference |
| VfM | Value for Money |