

**INTEGRATED AUDIT AND GOVERNANCE COMMITTEE**

**MINUTES OF THE MEETING HELD ON 12 JANUARY 2021 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  
Pam Heaford, Personal Assistant, NHS Hull CCG (*Minute Taker*)  
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 (*up to item 8.2*)  
Danny Storr, Deputy Chief Finance Officer, NHS Hull and  
Rob Walker, Mazars LPP (*up to item 6.1*)

**1. APOLOGIES FOR ABSENCE**

Apologies had been received from Helen Kemp-Taylor, Head of Audit, Audit Yorkshire.

**2. MINUTES OF THE PREVIOUS MEETING HELD ON 10 NOVEMBER 2020**

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

**Resolved:**

(a)	Members of the Integrated Audit and Governance Committee approved the minutes of the meeting held on 10 November 2020 as a true and accurate record and these would be signed by the Chair.
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The Chair advised that, following Martin Wright's observation of the last IAGC meeting, he had commented favourably on the committee's paperwork, levels of confidence offered and RAG ratings through the Q&P and the assurances that were then subsequently provided to the Board in terms of a Chair's Assurance Report and confidence reports from the other committees.

### 3. MATTERS ARISING / ACTION LIST

The Action List from the meeting held on 10 November 2020 was presented for information and the timescales were noted.

#### Resolved:

(a)	The Action List from the meeting held on 10 November 2020 and timescales were noted.
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### 4. NOTIFICATION OF ANY OTHER BUSINESS

Any proposed item to be taken under Any Other Business must be raised and, subsequently approved, at least 24 hours in advance of the meeting by the Chair.

#### Resolved:

(a)	There were no items of Any Other Business to discuss at this meeting.
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### 5. DECLARATIONS OF INTEREST

In relation to any item on the agenda of the meeting, members were reminded of the need to declare:

- (i) any interests which are relevant or material to the CCG;
- (ii) any changes in interest previously declared; or
- (iii) any financial interest (direct or indirect) on any item on the agenda

Any declaration of interest should be brought to the attention of the Chair in advance of the meeting, or as soon as they become apparent in the meeting. For any interest declared, the minutes of the meeting must record:

- (i) the name of the person declaring the interest;
- (ii) the agenda item number to which the interest relates;
- (iii) the nature of the interest;
- (iv) be declared under this section and at the top of the agenda item which it relates to;

Name	Agenda Item No	Nature of Interest and Action taken
Karen Marshall		Declared a new interest in relation to an honorary voluntary contract which she held with Modality in order to deliver vaccines in primary care across Hull which was non-remunerated. The declaration was noted and no further action needed to be taken in relation to any item on the agenda.
Jason Stamp	8.1	Declared a Financial Interest with regard to the discussion around Social Prescribing in relation to his role as Chief Officer, North Bank Forum for Voluntary Organisations – sub-contract for the Connect Well Hull Social Prescribing Service

		The declaration was noted and as no decision was required to be made, no further action needed to be taken.
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**Resolved:**

(a)	The above declarations of interest were noted and no further action was required to be taken.
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**6. EXTERNAL AUDIT**

**6.1 EXTERNAL AUDIT UPDATE REPORT**

Rob Walker, Mazars LLP, presented the Audit Progress Report for information and provided the following update:

Guidance had now been received for the Mental Health Investment Standard (MHIS) work and an engagement letter had been issued. Planning for this work was in progress and was expected it would be carried out in the next 2-3 weeks, the timing of which would be confirmed with the CCG.

Members were assured that Mazars had people in place to deliver the interim work and to deliver the annual accounts work during the Summer and they were confident that they could deliver the Plan.

The Deputy Director of Finance expressed his concern in relation to contractual arrangements and issues with regard to hosted funding and allocations for top-ups which may cause some issues; however, guidance was still awaited in this respect.

The Chair stated that, in relation to the Better Care Fund, Health and Wellbeing Boards would be required to provide an end of year reconciliation, confirming that the national conditions had been met and we would need to be assured that the Hull Health and Wellbeing Board could fulfil that.

The Chief Finance Officer advised that she would be meeting with Mark Kirkham and Rob Walker to work through some of the more detailed preparation work that would need to be undertaken because of the current situation. This would be dependent upon the audit approach across the country. It was anticipated that there should be no major disputes around agreement of balances as this has all been mandated cashflow and good control and arrangements had been in place around Covid reimbursement.

**Assurance:**

The Board can be assured that Mental Health Investment Standard (MHIS) work would be carried out in the next 2-3 weeks. Mazars had people in place to deliver both interim work and annual accounts work when required. The Chief Finance Officer would be meeting with Mark Kirkham and Rob Walker of Mazars to work through some of the more detailed preparation work that would need to be undertaken because of the current situation and would be dependent on the national audit approach.

**Resolved:**

(a)	Integrated Audit and Governance Committee members noted the contents of the External Audit Progress Report and the update provided;
(b)	Noted that a letter of engagement had been issued for the Mental Health Investment Standard work which was hoped would take place in the next 2-3 weeks, and
(c)	The Chief Finance Officer would be meeting with Mark Kirkham and Rob Walker to work through some of the more detailed preparation work that would need to be undertaken

*Rob Walker, Mazars LPP, left the meeting.*

**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.

The report provided the IAGC with the latest position statement against the 2020/21 Audit Plan and included progress made by both Audit One (up to 30 September 2020) and Audit Yorkshire (from 1 October 2020). No audit reports had been issued since the last Audit Committee meeting.

As members were aware, Audit Yorkshire had needed to re-set the Plan so that it fitted with what needed to be achieved in order to be able to provide a meaningful Head of Audit Opinion and feed into the Annual Governance Statement. A revised 2020/21 Plan from 1 October 2020 to 31 March 2021 for 40 days had been agreed.

Work was progressing against the revised 2020/21 Plan and the following update was provided:

- **Conflicts of Interest** – this audit was virtually complete
- **Governance Structures and Risk Management Arrangements** – this audit was underway
- **Key Financial Controls** – this work would be looking at controls around the general ledger
- **Information Governance** – this would be an audit of compliance with the DSP Toolkit. The Toolkit was different this year and staff were in place and trained up ready to go.

A meeting had been arranged with the Chief Finance Officer to look at next year's planning and a draft Plan would be brought to the next IAGC meeting. This would be a one-year Plan due to the impending changes for CCGs.

**Assurance:**

The Board can be assured of the progress made against the Internal Audit plan for 2020/21. No audit reports had been issued since the last Audit Committee meeting. A revised 2020/21 Plan from 1 October 2020 to 31 March 2021 for 40 days had been agreed with Audit Yorkshire. The Chief Finance Officer would be meeting with Kim

Betts, Internal Audit Manager – Audit Yorkshire, to look at next year’s Internal Audit planning and a draft Plan would be brought to the next IAGC meeting. This would be a one-year Plan due to the impending changes for CCGs.

**Resolved:**

(a)	Integrated Audit and Governance Committee Members reviewed and noted the progress made by Audit One against the 2020/21 Internal Audit plan up to 30 September 2020;
(b)	Integrated Audit and Governance Committee Members reviewed and noted the progress made by Audit Yorkshire against the 2020/21 Internal Audit Plan from 1 October 2020;
(c)	A revised 2020/21 Plan from 1 October 2020 to 31 March 2021 for 40 days had been agreed with Audit Yorkshire;
(d)	The Chief Finance Officer would be meeting with Kim Betts to look at next year’s Internal Audit planning, and
(e)	A draft Plan for 2021/2022 would be brought to the next IAGC meeting .

**7.2 INTERNAL AUDIT RECOMMENDATION TRACKING REPORT**

Kim Betts, Internal Audit Manager for Audit Yorkshire, presented this report to update the Committee on progress against Internal Audit recommendations during 2020/21.

Members were advised that this was a strong recommendations report; there was only one major recommendation and there were revised target dates where these had been required.

**Resolved:**

(a)	IAGC Members noted the progress against Internal Audit recommendations during 2020/21; and
(b)	IAGC Members were content with the format of the report.

**7.3 COUNTER FRAUD PROGRESS REPORT**

Nikki Cooper, Local Counter Fraud Specialist for Audit Yorkshire, presented the Counter Fraud Progress report for information.

The following key issues were highlighted:

The 6-month Counter Fraud Plan for NHS Hull CCG for 1 October 2020 – 31 March 2021 had been agreed and signed off following the last IAGC meeting and work was on track to complete this in order to be able to fill in the Self Review Tool (SRT) at the end of this year.

An International Fraud Awareness week had taken place from 15-21 November 2020 and fraud awareness work continued to be rolled out.

Outstanding recommendations had been added to the Counter Fraud progress report. In relation to the Proactive exercise into NHS Funds Administered by a Charity, IAGC members were advised that the new scheme was not open yet and once it had been opened in February, all the recommendations would be implemented.

The days used to deliver the Counter Fraud Plan had been added to the report and these were noted.

Steve Moss, Head of Anti-Crime Services for Audit Yorkshire, advised that usually at this time of year they would be looking at commencing preparatory work for the SRTs and also looking at drafting plans for next year. As a new set of standards was going to be put in place which would not be available until February, they were awaiting sight of these before the plans were put together and also to make sure that they could measure what they have done in terms of complying with the new standards.

He referred to a piece of work they had been required to carry out for NHS Counter Fraud Authority (CFA) on the Fraud Prevention Guidance Impact Assessments (FPIA) and advised that this would be taking place on an annual basis. He also wished to make the committee aware that the CFA had notified Counter Fraud Specialists (CFS) that they would require some work to be carried out on Cyber crime in the new year. This would be included in the Counter Fraud Plan for next year, liaising with the CCG and internal audit colleagues.

The Chief Finance Officer confirmed that she agreed with the approach that Steve and the team were taking.

#### **Assurance:**

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

A 6-month Counter Fraud Work Plan for NHS Hull CCG for 1 October 2020 – 31 March 2021 had been agreed and signed off and work was on track to complete this. Sight of a new set of standards was awaited prior to finalising the Counter Fraud Plan for next year.

#### **Resolved:**

(a)	Integrated Audit and Governance Committee Members noted the contents of the Counter Fraud Progress Report;
(b)	The 6-month Counter Fraud Plan for NHS Hull CCG for 1 October 2020 – 31 March 2021 had been signed off following the last meeting, and
(c)	Sight of a new set of standards was awaited prior to finalising the Counter Fraud Plan for next year.

## **8. FINANCIAL GOVERNANCE**

### **8.1 FINANCIAL REPORT**

Jason Stamp declared a Financial Interest with regard to the Social Prescribing Service, given his role as Chief Officer, North Bank Forum for Voluntary Organisations – which held a sub-contract for the Connect Well Hull Social Prescribing Service. The declaration was noted and, as no decision was required to be made in relation to the item, no further action needed to be taken.

The Chief Finance Officer introduced this item and reported that the System financial arrangements were starting to become more embedded and understood as we moved to the end of the year. She reported that, in terms of overall use of resource, a lot of what was potential financial pressure on the back of recovery and recovering services to pre-Covid levels was not happening as we were still in the worst of the

pandemic. Therefore, the financial cost of the recovery was unlikely to materialise and it was anticipated that the additional costs linked to Covid would be contained within overall resource.

There was still a conversation to be had around the transformation agenda and the 4 CCGs across the Humber would be carrying out a stocktake for Month 9 to look at the combined expenditure profiles. Committee members were reminded that Hull CCG were hosting a lot of the System related resource and it had always been the intention to undertake a process of smoothing this across the System. This would form the main area of focus when the Chief Finance Officer met with Mark Kirkham and Rob Walker as, from a use of resources/value for money perspective, this was where the biggest area of risk sat. There was a need to share the information from the national System around what was happening pro-actively now to avoid working this through at the year end.

The Chair stated that it had been hoped that there would have been some form of ability to report on the redistribution of funds from Hull CCG into other organisations but this was not yet possible. The Chief Finance Officer provided assurance that this would be done in an open and transparent way.

In relation to the number of outstanding invoices and the growing number of areas within the report, the Chief Finance Officer advised that this showed that the CCG was scrutinising particularly the packages of care. Members were assured that a close eye was being kept on these and they were being progressed as quickly as possible. Jason Stamp welcomed the fact that the CCG were scrutinising packages of care, and pulling back and querying some of the costs, as Continuing Healthcare continued to be an area of concern.

The Deputy Chief Finance Officer presented the Finance Report to update the Committee on the CCG's financial position as at 31 November 2020 under the current temporary financial regime and highlighted the following areas:

Guidance on the allocations and contractual arrangements from the 1 October 2020 onwards had now been provided. Next years' guidance was still awaited.

NHS Hull CCG were hosting the System surplus (net System deficit); however, if the expenditure for the end of the year was not going to be in line with the plans submitted it was anticipated that we would not be in a System deficit any more.

The CCG was forecasting a surplus of £10,769k. Overspends up to the end of September 2020 had now been fully funded through allocation adjustments for both Covid and non-Covid costs.

With regard to the achievement of the 2020/21 MHIS, plans were being developed across the Humber region to understand how this could be delivered under the new financial regime and the impact that the Covid response has had on expenditure and the commencement of investments. It was reported that close working had been taking place with providers to understand how the money provided under the MHIS category was being used which was hopefully something which could be taken forward.

It was reported that, in relation to the expected commissioning of the acute independent sector being returned to CCG responsibility from November, this hadn't actually happened as yet. Further guidance was awaited.

Within the report, there were a number of overspends showing; however, the plan was for some of these to be reimbursed, eg via Hospital Discharge funding or Independent Sector Acute commissioning. There were still some overspends on Prescribing and Continuing Healthcare – contingency plans were in place to cover these if necessary and it was expected that the CCG would meet the financial position it needed to achieve.

The Chair questioned whether the Prescribing overspend had increased during the pandemic. Jason Stamp would take this query to the Quality and Performance Committee and would also like to see what was being prescribed.

The Chair also queried whether there had been an increase in Social Prescribing referrals in the current working environment. Jason Stamp declared an interest in this area and advised that the Primary Care Networks now had link workers who were effectively doing this role and reported that there had been a large increase in the day to day welfare/looking after from link workers particularly around the Shielded list. The Deputy Chief Finance Officer advised that in the Joint Commissioning Forum, Social Prescribing was something that was being looked at.

Performance against the Better Payment Practice Code was on target.

There were no Debtors over 6 months old and over £5k. As previously mentioned there were 10 Creditors over 6 months old and over £5k which was similar to last month, but more than there had been in previous years which was a result of the challenge being given by the CCG.

The CCG would work with partners at a System level to resolve financial pressures and the Associate Director of Corporate Affairs commented that this would come down to System-wide governance and financial governance and how that then transitioned from where we are to an ICS level

**Assurance:**

The Board can be assured that that the System financial arrangements were starting to become more embedded and understood. It was anticipated that the additional costs linked to Covid would be contained within overall resource.

There were still some overspends on Prescribing and Continuing Healthcare – contingency plans were in place to cover these if necessary and it was expected that the CCG would meet the financial position it needed to achieve.

The CCG would work with partners at a System level to resolve financial pressures.

**Resolved:**

(a)	Integrated Audit and Governance Committee Members considered the CCG's performance for the year to 31 November 2020;
(b)	it was expected that the CCG would meet the financial position it needed to achieve,
(c)	and the CCG would work with partners at a System level to resolve financial pressures



## 8.2 LOSSES AND SPECIAL PAYMENTS

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

*Emma Sayner, Chief Finance Officer left the meeting.*

*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 37 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 Associate Director of Corporate Affairs highlighted the following 3 risks:

**Risk 924** – this risk related to potential gaps between the Director-on-call arrangements. The North and South Bank Director-on-call process had been consolidated previously into a single system however of the increase in emergency pressures and, in particular, the Director-on-call requirements associated with the System response to the pandemic, meant that a decision was taken to disaggregate the duties and rota back to north bank and south bank arrangement. The potential risks associated with the transition had been articulated within Risk 924 however the experience following 3 – 4 months of operating the disaggregated on-call arrangements was that they provided a more robust response to the myriad of current needs of the system.

**Risk 902** – this risk related to maintaining a resilient primary care workforce and sat with the domain of Primary Care Commissioning Committee. The risk required further update to reflect the current situation and the significant and increasing expectations of primary care staff given the roll out of the vaccination programme, together with the role expected of Primary Care Networks in that regard as well. The risk would need to be updated to reflect these elements and the mitigations in place.

**Risk 915** – it was noted that while this risk read as a primary care risk it's actual scope was much wider as it related to public opposition to change and an underlying suspicion amongst some members of the public of the reasons for this. This wider aspect would need reflecting.

**Risk 861** – the Chair had raised her concerns in relation to this risk which related to Never Events and which had been raised at Board as an issue for the IAGC to look at in more detail. Subsequently, at the last IAGC meeting, there had been no review of it apparent in the update and the IAGC had asked for it to go back to the Q&PC for it to be thoroughly reviewed and a report to come back to make sure we were at the right risk level. The report advised that this risk had been downgraded and listed for

information. All risks, if they were already on at a high rating, were required to come to the IAGC for approval of any reduction if necessary. Further concern was expressed that the minutes of the QP&C meetings held on 20 October 2020 and 17 November 2020 did not reflect any discussion that this risk should be reduced. The Chair stated that quality and patient safety were the underlying issue and she was unhappy that a request had been made to downgrade this risk until better outcomes could be seen in terms of the action plan. Jason Stamp agreed that this risk should go back to the Q&PC for a conversation around whether the risk needed to be about Serious Incidents, which reflected the conversation at Board, and the issues that had been raised re-articulated and he would be reluctant to see this coming off until he saw the Serious Incidents risk. The risk had been omitted from the Q&PC agenda and the Deputy Director of Quality and Nursing confirmed that this would be reported into the next Q&PC so that there was an outline that the action plan was reviewed as part of that through the Q&PC and also the actions that had been taken by the Trust that we monitor as part of the Quality Delivery Group (QDG) with the Trust along with the work with NHSE.

The Chair stated that until substantial change to the risk articulation was received, which confirmed that SIs were being considered as important as Never Events, the risk would need to be put back on the risk register at the level it had been before and should not be removed without IAGC approval and until rigorous debate had taken place at the Q&PC and had been minuted appropriately. The Deputy Director of Quality and Nursing would take this forward and address it.

The Chair further requested that Risk form a standing agenda item on the Q&PC agenda.

**Risk 927** - The Deputy Director of Quality and Nursing referred to this risk which related to Infection Prevention Control and advised that the annual report had been to the Q&PC and would be going to the January 2021 Board. Significant improvement had been seen around e-coli and MRSA and she would be happy to update the risk. Cases were down on e-coli from last year and cases of MRSA had halved and the risk would be downgraded to reflect this.

Jason Stamp raised the issue of addressing waiting lists and harm and thought would need to be given to articulating a 52-week wait risk and also re-framing the Humber risk into a service risk in terms of waits. Some risks being seen around Community Services, because of the step down of services and the re-designation of staff elsewhere in the System, were also causing some concern in terms of backlog and waiting lists.

The Associate Director of Corporate Affairs agreed that this needed to be reflected on both a practical level in the Risk Register and on a strategic level in the Board Assurance Framework.

The Deputy Director of Quality and Nursing advised that, in relation to Humber, in terms of staffing she had asked for a breakdown of individual disciplines. In terms of the 52-week wait, there had been a lot of work done, both operationally but also in terms of patient safety and harm. The December QDG agenda had focused on the prioritising of patients, the validation of referrals and when and where we were going to see reporting of harm as a result of being on a waiting list.

## 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.

Full discussion had taken place in relation to a number of risks which required further update to reflect the current situation.

The IAGC requested that Risk 861 should remain on the risk register at its current rating, pending evidence of full discussion and review of the action plan by the Q&PC with a view to replacing the Never Event focused risk with a new risk which reflected Sis.

Consideration would need to be given to articulating a 52-week wait risk and reframing the Humber risk into a service risk in terms of waits

## Resolved:

(a)	The continued work to monitor and update the risks on the Risk Register was noted;
(b)	Risk 924 – this risk required to be updated in terms of mitigation
(c)	Risk 902 – this risk required further update to reflect the current situation, along with the actions that had been taken
(d)	Risk 915 – further review to reflect the wider aspects of the risk
(e)	Risk 861 – the reduced rating for this risk was not acceptable and the previous risk rating would need to be maintained, pending evidence of full discussion and review of the action plan by the Q&PC, with a view to replacing the Never Event focused risk with a new risk which reflected SIs
(f)	Risk 927 – the Deputy Director of Quality and Nursing would update this risk to reflect the significant improvement around e-coli and MRSA.
(g)	Consideration to be given to articulating a 52-week wait risk and reframing the Humber risk into a service risk in terms of waits

### 9.3 BOARD ASSURANCE FRAMEWORK

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

Members were advised that there had been a number of updates and mitigations across the strategic objectives for this year. As per the previous discussion under Risk, the Associate Director of Corporate Affairs stated that there were significant challenges within the system with regard to the 52-week wait which would need to be reflected under strategic objective 2 “Advance at system-level delivery of the commissioning priorities set out in the NHS Long Term Plan” which also had a connection with strategic objective 8 “Delivery of Statutory Duties”. He also commented that we would need to be more explicit with the link with NHS Constitutional targets; the update in relation to Month 9 Annual Governance Statement (AGS) would also link to the update that we subsequently need to go through for the BAF.

Jason Stamp commented that the 52-week wait was important as an acute constitutional target, but that he would not want to lose sight of the waiting list position in Community Services and Mental Health. The other area was around the impact of Covid on primary care and core primary care services which was about delays in the system and not just a constitutional target.

The Associate Director of Corporate Affairs advised that an updated BAF would be brought back to the next IAGC meeting in March when hopefully these issues would have been addressed and re-framed wherever possible.

The Chair stated that, in terms of the system-wide financial envelope being achieved, this CCG would endeavour to achieve all its statutory duties regardless of the system-wide envelope. The CCG was fully conversant with supporting the system and driving it forward but we must keep an eye on our statutory responsibilities.

**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.

The 52-week wait position would need to be reflected in the BAF, along with other delays in the system.

**Resolved:**

(a)	The content of the BAF and the update provided was noted;
(b)	The 52-week wait position would need to be reflected in the BAF;
(c)	The waiting list position in Community Services and Mental Health and the impact of Covid on primary care and core primary care services were other areas which would need to be addressed and re-framed
(b)	An updated BAF would be brought to the next meeting in March

**9.4 DRAFT ANNUAL GOVERNANCE STATEMENT**

The Associate Director of Corporate Affairs provided members with a verbal update in relation to the Month 9 Annual Governance Statement (AGS). Members were advised that, as in previous years the CCG was required to make a formal submission to NHSE giving an early position on those areas where we were very likely to be predicting a failure to achieve the necessary standards by the year end in relation to key significant areas. The updated template was not yet available on Sharepoint but members were advised that this would be similar to previous years.

The AGS required the CCG to report for Month 9 an early indication of:

- any failures of organisational governance
- failures to discharge our statutory duties
- lapses in control
- information governance breaches
- any other serious concerns

Members were advised that the one area where we would be reporting was in relation to failure to discharge our statutory duties which was around our achievement of constitutional targets and it was highly likely that we would be flagging the 52-week

RTT, the cancer targets as well as ED performance. The deadline for the submission to NHSE was 22 January 2021 and the Associate Director of Corporate Affairs sought agreement from members that, once the statement was finalised, it was reviewed and signed off by the IAGC Chair, on behalf of the committee, prior to submission to NHSE on 22 January 2021. Members agreed with this proposed approach.

Post meeting note; the Month 9 Annual Governance Statement was duly signed off by the Committee Chair and submitted to NHS England by the deadline required.

**Assurance:**

The Board are advised that, as in previous years, the CCG was required to make a formal submission to NHSE giving an early position on those areas where we were likely to be predicting a failure to achieve the necessary standards by the year end in relation to key significant areas. The one area where the CCG would be reporting was in relation to failure to discharge our statutory duties which was around our achievement of constitutional targets and it was highly likely that we would be flagging the 52-week RTT, the cancer targets as well as ED performance. The Associate Director of Corporate Affairs would work with the IAGC Chair, on behalf of the committee, to review and sign off the final Month 9 AGS required to be submitted to NHSE by 22 January 2021.

**Resolved:**

(a)	The verbal update in relation to the Annual Governance Statement was noted, and
(b)	the Associate Director of Corporate Affairs would submit the prepared Statement to the IAGC Chair who would review and sign off the final Month 9 AGS, on behalf of the committee, in order for it to be submitted to NHSE by 22 January 2021

**9.5 FREEDOM OF INFORMATION REQUESTS Q2 REPORT**

The Associate Director of Corporate Affairs presented this report which provided IAGC members with an update on the current position and performance against Freedom of Information (Fol) requests made to NHS Hull CCG for Quarter 2 2020/21 from 1 July 2020 to 30 September 2020. The report also provided details of Fol requests received and a summary of requestors.

Members were advised that performance had remained extremely strong during the current situation which was a reflection of both the Fol team, hosted by ERoY CCG, but more importantly of staff within the organisation. It was reported that all Fol requests were anonymised when they went through to the organisation.

The Chair commented that she had expected there to be more Covid-related requests, the Associate Director of Corporate Affairs advised that he expected that there would be more reflected in the next quarter's report as an increase in numbers was being seen in people enquiring about the vaccination plans, sites and provision of kit. There had also been some media requests, via Fol, in relation to the CCG's plans to the vaccination response.

Ian Goode queried whether it would be useful to have FAQ on the Fol website to provide basic information. The Associate Director of Corporate Affairs advised that the CCG maintained a publication scheme, which was updated on a bi-annual basis,

so that when people requested something that was already available, we could apply a Section 21 exemption and provide a link to the required information. The CCG also published as much information as possible on its' website and via other links so that it was readily available in the public domain.

**Assurance:**

The Board can be assured that the CCG has a process in place to respond to all Freedom of Information requests received. During the period 1 July 2020 to 31 September 2020 performance had remained extremely strong and there had been no missed requests and the CCG had been fully compliant with the 20-day response deadline.

**Resolved:**

(a)	IAGC members noted the contents of the Freedom of Information Requests Q2 Report
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**9.6 CONFLICTS OF INTEREST UPDATE (INCLUDING TRAINING)**

The Associate Director of Corporate Affairs stressed the importance of Conflicts of Interest (Col) training both as an organisation and with regard to our external requirements in terms of compliance.

Members were advised that the purpose for bringing this issue to the committee as a verbal item was to seek views with regard to the level of training required to be undertaken. There were 3 levels of Col training, it was a mandated requirement that all staff in the organisation completed Level 1 Col training and, as in previous years, the completion of Levels 2 and 3 training would be role specific.

Members were asked to consider whether they wished to maintain those levels of training in the current context in which the CCG was working, or whether they would be content that we focus predominantly on Level 1 training which the CCG was required to achieve.

The Chair reminding everyone that, although we were working in a pandemic situation, completing training was essential. Although there would be exceptions, the majority of staff should be able to achieve at least Level 1. It was felt that the achievement of Level 1 compliance was the priority for this year and moving forward the achievement of Level 1 as a minimum would be expected, along with Level 2 wherever possible. Jason Stamp requested that a training reminder be sent out with regard to completing the training.

It was important that all Board members should aim to complete Levels 1, 2 and 3. The Associate Director of Corporate Affairs asked Michelle Longden to review Board members' training compliance to make sure everyone had completed Level 3 training at least once, as the subject and training material remained the same as in previous years. Once this information was available, a view would be taken from members as to how frequently we would expect people to renew that training.

Jason Stamp stated that everyone on the PCCC should complete Level 3 training due to the scrutiny around conflicts and how they were managed. The PCCC also included external people and they would need to understand how we operate.

The organisation was required to hit 95% compliance against Level 1 Conflicts of Interest training and the Chair offered her support if the CCG was struggling to reach this.

With regard to wider statutory and mandatory training, the Chair advised that, as a Board, EQIA training and Adult Safeguarding included Prevent training had been carried out; however, this was not reflected on ESR and would need to be confirmed.

**Assurance:**

The Board are advised that it is a mandated requirement that all staff in the organisation complete Level 1 Conflicts of Interest training. The completion of Levels 2 and 3 training would be role specific and all Board members would be required at have completed Level 3 training at least once.

The achievement of Level 1 Conflict of Interest training was the priority for this year and all staff would be reminded to complete this training.

**Resolved:**

(a)	All staff in the organisation would be reminded to complete Level 1 Conflict of Interest Training for this year;
(b)	the achievement of Level 1 compliance was the priority for this year and moving forward the achievement of Level 1 as a minimum would be expected, along with Level 2 wherever possible.
(c)	M Longden was asked to review Board members' training compliance up to Level 3 at least once, then a view would be taken as to how frequently this should be renewed.

**9.7 POLICIES**

No policies had been submitted to this meeting.

**9.8 REVIEW AND REFRESH OF EMERGENCY PREPAREDNESS RESILIENCE AND RESPONSE (EPRR) AND BUSINESS CONTINUITY MANAGEMENT (BCM) DOCUMENTS**

This item was taken as read. The Associate Director of Corporate Affairs advised that there had been a number of senior officers and other personnel involved in the detailed preparation of this suite of documents. Members were advised that there was a requirement for the CCG, as part of the national EPRR framework, to have this suite of documents and to make sure that they were up to date and accurate.

The following comments were noted:

- The EPRR Policy cover sheet would need to be amended to from “2019” to “2020/21”
- The Chair commented that there had been a request from NHSE some time ago that a Lay Member was named as part of this work and there was no mention of Lay Member in the document.
- On the flowchart, the “CCG Information Audit and Governance Committee” would need to be amended to the “CCG Integrated Audit and Governance Committee”

Members were advised that the other notable update that had been included, both in the EPRR Policy and the BCM Plan was to widen one of identified risks around the

pandemic flu to “wider pandemic risks”. Individual roles and responsibilities had been updated to reflect the current organisational picture, along with housekeeping elements.

The Associate Director of Corporate Affairs added that we were still operating in a major incident mode which had been sustained for the last 12 months and, although there were clearly things that could, and still need to be done better, both as an organisation and as a system response; given that we had responded thus far over the last 12 months to a major incident in the way that we have added some practical assurance in relation to the organisational response to EPRR and BCM planning.

IAGC members approved the refreshed EPRR and BCM documents.

**Assurance:**

The Board can be assured that, in line with a requirement of the national Emergency Preparedness Resilience and Response (EPRR) framework, the CCG had refreshed its’ suite of EPRR and Business Continuity Management (BCM) documents to ensure they were up to date and accurate.

**Resolved:**

(a)	Members reviewed and approved the refreshed EPRR and BCM documents, subject to the minor amendments requested above.
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**9.9. HEALTH, SAFETY AND SECURITY GROUP ACTION NOTES** - the action notes of the meeting held on 9 December 2020 were noted.

**9.10 QUALITY AND PERFORMANCE COMMITTEE MINUTES** – the minutes of the meetings held on 20 October 2020 and 17 November 2020 were noted.

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

**9.12 PRIMARY CARE COMMISSIONING COMMITTEE MINUTES** – the minutes of the meeting held on 23 October 2020 were noted.

**9.13 PLANNING AND COMMISSIONING COMMITTEE MINUTES** - the minutes of the meeting held on 4 September 2020 were noted and the Chair made the following comments:

Page 3 – “Risk 898 would be taken to IAGC for closure” – this had not been brought to IAGC and there had been no request for closure – the Associate Director of Corporate Affairs was asked to track this back through.

Page 16 – under the list of policies and EQIAs – Medical should read “Medial” branch block.

The minutes would be amended accordingly.

**9.14 COMMITTEES IN COMMON MINUTES** – the minutes of the meeting held on 28 October 2020 were noted.



**9.15 INFORMATION GOVERNANCE STEERING GROUP ACTION NOTES** - the action notes of the meeting held on 11 November 2020 were noted.

**9.16 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 2 March 2021** at 9.00am

A handwritten signature in black ink, appearing to read 'Stonell'.

Signed:

Chair of the Integrated Audit and Governance Committee

Date: 2 March 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
CFA	Counter Fraud Authority
CFS	Counter Fraud Specialists
CHC	Continuing Healthcare
CHCP	City Healthcare Partnership CIC
CiC	Committees in Common
CoI	Conflicts of Interest
CYP	Children and Young People
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
FPIA	Fraud Prevention Guidance Impact Assessments
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
QDG	Quality Delivery Group
QIPP	Quality Innovation Productivity and Prevention
SAR	Subject Access Request
SEND	Special Educational Needs and Disability
SI	Serious Incident
SOPs	Standard Operating Procedures

SRT	Self Review Tool
ToR	Terms of Reference
VfM	Value for Money