INTEGRATED AUDIT AND GOVERNANCE COMMITTEE

MEETING HELD ON 12 JANUARY 2021

ASSURANCE REPORT

INTRODUCTION

This is the Chair's assurance report to the Clinical Commissioning Group Board following the Integrated Audit and Governance Committee meeting held on 12 January 2021.

AUDIT

EXTERNAL AUDIT

Minute No. 6.1   EXTERNAL AUDIT UPDATE REPORT
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.

INTERNAL AUDIT

Minute No. 7.1   INTERNAL AUDIT PROGRESS REPORT
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.

Minute No. 7.3   COUNTER FRAUD PROGRESS REPORT
The Board can be assured by the level of counter fraud awareness work that is being undertaken
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.

FINANCIAL GOVERNANCE

Minute No. 8.1   FINANCIAL REPORT
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.

GOVERNANCE

Minute No. 9.2   CORPORATE RISK REGISTER
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

Minute No. 9.3   BOARD ASSURANCE FRAMEWORK
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.

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

Minute No. 9.4   DRAFT ANNUAL GOVERNANCE STATEMENT
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.

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.

Minute No. 9.5   FREEDOM OF INFORMATION REQUESTS Q2 REPORT

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.

Minute No. 9.6   CONFLICTS OF INTEREST UPDATE (INCLUDING TRAINING)

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.

Minute No. 9.8   REVIEW AND REFRESH OF EMERGENCY PREPAREDNESS RESILIENCE AND RESPONSE (EPRR) AND BUSINESS CONTINUITY MANAGEMENT (BCM) DOCUMENTS

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.

Karen Marshall (Chair)
Integrated Audit and Governance Committee
12 January 2021