

INTEGRATED AUDIT AND GOVERNANCE COMMITTEE

**MINUTES OF THE MEETING HELD ON 2 MARCH 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
Rob Walker, Mazars LPP

1. APOLOGIES FOR ABSENCE

Apologies had been received from:
Danny Storr, Deputy Chief Finance Officer, NHS Hull

2. MINUTES OF THE PREVIOUS MEETING HELD ON 12 JANUARY 2021

The minutes of the Integrated Audit and Governance Committee (IAGC) meeting held on 12 January 2021 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 12 January 2021 as a true and accurate record and these would be signed by the Chair.
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3. MATTERS ARISING / ACTION LIST

The Action List from the meeting held on 12 January 2021 was presented for information and the following updates were provided:

12/1/2021 – Item 9.3

Jason Stamp requested that a specific date be provided against this action which related to the reflection of the 52-week wait position in the BAF. The Associate Director of Corporate Affairs reported that discussions had commenced in terms of

next year's strategic objectives and advised that the 52-week wait and general access targets would be reflected in the attainment of statutory duties and access.

Members were advised that, by the next IAGC meeting in May, there would be a new set of agreed strategic objectives for the next year which would include explicit reference to access targets, specifically the impact of Covid on the 52-week wait standard, and this would be reflected in a re-cast objective and risk assessment for an entry in the BAF

It was agreed that a deadline of May 2021 be given for the completion of this action.

The above would also apply to the following action which also related to the BAF **10/11/2020 – Item 9.3** - which would also be given a target deadline of May 2021.

12/1/2021 – Item 9.2 – an extensive update on the Risk Register would be provided later in the meeting which would cover these actions.

12/1/2021 – Item 9.6 – both the actions against the Conflicts of Interest Training had been completed.

The Chair advised that, following a Board Development discussion around the completion of Statutory and Mandatory Training, she would be meeting with Dan Roper, Michelle Longden and Will Clement to discuss the approach to this going forward in order to encourage uptake and increase compliance by the end of this month.

Post meeting note: A meeting had taken place with Will Clement to look at a bespoke piece of Statutory and Mandatory training to be delivered at a Board Development session to include Conflicts of Interest, Safeguarding, Respect and other Stat and Man training to enable a higher compliance.

Resolved:

(a)	The Action List from the meeting held on 12 January 2021 and the updates provided 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

Resolved:

(a)	There were no declarations of interest made.
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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:

With regard to the work on the Mental Health Investment Standard (MHIS) 2019/20 which was due to be completed by the end of February 2021, an extension had been agreed from the Department of Health (DoH) to 12 March 2021 due to the complexities around this area of work. It was however hoped that this work would be completed by the end of this week and it was anticipated that an unqualified opinion would be given. To date no significant issues had been identified and no evidence had been identified that Hull CCG had not met the target. On completion of the work, a draft opinion would be issued by close of play this week.

Members were advised that some initial planning work had been carried out in relation to Value for Money (VFM) arrangements. This would not be a VFM opinion but a narrative report describing the CCG's arrangements against a set of criteria. This work would be carried out at the planning stage to understand the CCG's arrangements and to identify and report any significant weaknesses in arrangements.

The report would focus on the following three specified areas of criteria:

1. Financial sustainability - how the CCG plans and manages its resources to ensure it can continue to deliver its services
2. Governance – how the CCG ensures that it makes informed decisions and properly manages its risks.
3. Improving economy, efficiency and effectiveness – how the CCG uses information about its costs and performance to improve the way it manages and delivers its services.

The initial risk assessment would focus on the following two aspects:

- Understanding the allocation arrangements, which have been changed in year, to make sure that there is clear evidence that the process is regular and the allocations that are going to individual CCGs are consistent with the DoH requirements.
- On-going uncertainty about the financial position of the CCG or wider Integrated Care System (ICS)

This process would continue to be monitored as things moved forward.

In relation to the CCG's statutory duties, the Chair queried whether if Hull declared the surplus which then supports the system, this would have any impact on Hull CCG's individual statutory obligations. Rob Walker responded that this would need to be unpicked as part of this process.

The Chief Finance Officer stated that her approach to close-down, accepting that we were in an unusual year, was that the allocations were quite distinct in that even though Hull was holding the system allocation, the CCG also had Hull CCG core spend allocation and performance was described against these two elements in separate parts of the financial regime. Discussions had taken place with the auditors who were in agreement with the proposed approach.

The National Publications were noted and in relation to the NHSE CCG Annual Assessment 2019/20, the Chair congratulated NHS Hull CCG for once again achieving an Outstanding rating.

The Chair sought assurance that the year-end annual accounts would be delivered on time. Rob Walker confirmed that they had an outline plan in place to deliver the work for Hull CCG annual accounts

Assurance:

Audit work on the Mental Health Investment Standard (MHIS) 2019/20 was nearing completion and to date no significant issues had been identified and no evidence had been identified that Hull CCG had not met the target. On completion of the work, a draft opinion would be issued.

Initial planning work had been carried out in relation to Value for Money (VFM) arrangements. This would not be a VFM opinion but a narrative report describing the CCG's arrangements against a set of criteria. This work would be carried out at the planning stage to understand the CCG's arrangements and to identify and report any significant weaknesses in arrangements.

The Board can be assured that Mazars, External Auditors, had an outline plan in place to deliver the year-end annual accounts work for Hull CCG

Resolved:

(a)	Integrated Audit and Governance Committee members noted the contents of the External Audit Progress Report and the update provided;
(b)	Work on the MHIS 2019/20 was nearing completion, following which a draft opinion would be issued;
(c)	Initial planning work had been carried out in relation to Value for Money (VFM) arrangements, and
(d)	Assurance was provided that there was an outline plan in place to deliver the year-end annual accounts work for Hull CCG

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 following update was provided:

Since the last IAGC meeting, the Conflicts of Interest (Col) report had been issued in draft which had confirmed that 96% of staff had completed their Col training by the end of January 2021. The final report would come to the next IAGC in May 2021.

Members were advised that Audit Yorkshire as an organisation would normally have 31 March 2021 as their year-end but, because there had been a delay in starting the plan, this date now been moved to 30 April 2021 which was the basis by which they were hoping to complete the remaining outstanding work. One exception to this was potentially the audit of compliance with the DSP Toolkit which relied on evidence being submitted and the time required to audit the information provided prior to submission which was required by the end of June 2021.

No changes had been made to the plan which in the main consisted of mandated audits which informed the Head of Internal Audit Opinion.

The Chief Finance Officer advised that she had had another follow up/introduction discussion with Kim Betts in the last couple of weeks which had been really positive. She reported that the team had hit the ground running in what were incredibly challenging times and emphasised that she would like the Internal Audit and Counter Fraud teams to have access to everyone within the organisation and also a direct link back into our Lay Representatives.

As alluded to earlier by Kim Betts in relation to the raft of evidence being submitted to support the DSP Toolkit submission, the Chief Finance Officer wished to formally recognise and express her thanks for the excellent work that Hayley Gillingwater was doing, alongside Michelle Longden, in evidence gathering and overseeing this piece of work which provided the organisation with a high level of assurance.

Assurance:

The Board can be assured of the progress made against the Internal Audit plan for 2020/21. Since the last Audit Committee meeting a draft Conflicts of Interest report had been issued and the final report would be brought to the next meeting. Progress was being made on all the remaining audits (Governance Structures and Risk Management Arrangements; Key Financial Controls, the DSP Toolkit) as these would feed into the Head of Internal Audit Opinion.

Resolved:

(a)	Integrated Audit and Governance Committee Members noted the progress made against the Internal Audit Plan for 2020/21 and the update provided;
(b)	The final Conflicts of Interest report would be brought to the next meeting,
(c)	All remaining audit work should be completed by 30 April 2021, and
(c)	One exception to this was potentially the audit of compliance with the DSP Toolkit prior to submission which was required by the end of June 2021.

7.1a 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 clean report, as previously reported. There were 3 moderate outstanding recommendations and 1 minor outstanding recommendation and the target dates for those were not yet due.

Resolved:

(a)	IAGC Members noted the status of the Internal Audit recommendations during 2020/21.
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7.2 DRAFT INTERNAL AUDIT PLAN 2021/22

Kim Betts, Internal Audit Manager for Audit Yorkshire, presented the proposed Internal Audit Plan for 2021/22 for approval. Members were advised that this would normally have been a 3-year plan, but due to the proposed changes brought about by the recent White Paper affecting the future of CCGs, this was only a 1-year plan.

The Plan was for 80 days, as per the tender, and largely comprised of mandated Head of Internal Audit Opinion audits which did not allow for much flexibility to add anything new.

The Plan included a Patient and Public Engagement and Experience audit and an audit of the Mental Capacity Act which Audit Yorkshire wished to complete across the entire HCV CCG footprint in order that any best practice could be shared. Also included in the Plan was a block of 10 days for the System which might not be an audit, but rather a 'critical friend' response to provide support if required. There were also 6 days being held in contingency, making effectively 16 days for the System. An audit of the Better Care Fund – S75 had been included, as requested, along with audits of Key Financial Systems and Budgetary Control and the DSP Toolkit which were mandated - the number of days for the Toolkit had been increased and was more reflective of what was needed.

In relation to the Patient and Public Engagement and Experience audit, Jason Stamp queried whether this was aligned to the correct strategic risk, as this was about the CGG meeting it's statutory duty and being compliant with our patient and public engagement and able to provide assurance and evidence trails for audit purposes.

With regard to the days allocated for System, Jason Stamp questioned how the Place element would be balanced. There was a real drive from a recent Board Development session to think about how we preserve Place and he queried if some of the transition was about transition at Place as well as at System. The Associate Director of Corporate Affairs proposed that this be picked up as an Executive Team outside this meeting to agree an approach and scope for this audit which would then be brought back to the next meeting.

Assurance:

The Board can be assured that a 1-year Internal Audit had been approved for 2021/22. The Plan was flexible and included an element of days related to the Integrated Care System.

Resolved:

(a)	Integrated Audit and Governance Committee members considered and approved the 1-year Internal Audit Plan for 2021/22.
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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 areas were highlighted:

Further awareness work had been undertaken within the last quarter via Fraud Newsletters, Fraud Alerts and promoting a better fraud culture both at home and work.

The area of recruitment was being looked at, with a view to how the process was going especially during the Covid pandemic which was happening very differently. As a consequence of this, the Local Counter Fraud Specialist would be meeting with Will Clement to look at increased Manager Training.

The National Fraud Initiative data match report became available at the end of January. Any matches for the CCG would initially be reviewed by the Data Analyst but it was reported that there were no high matches to be concerned about. The days used to deliver the Counter Fraud Plan were noted.

An update on both the on-going investigations was provided.

Steve Moss, Head of Anti-Crime Services for Audit Yorkshire, advised IAGC members that the Government Functional Counter Fraud Standard had now been published. All NHS bodies would be expected to work towards covering all 13 requirements by the end of 2021/22. Organisations would be issued with a Functional Standard Return by the end of February 2021 and would need to submit this by the deadline of the end of April 2021. Members were made aware that there were 2 or 3 standards that the organisation would not be compliant with this year as the arrangements were not in place from the Counter Fraud Authority.

The counter fraud plan for 2021/22 would be designed to align to the requirements of the new standard in order to be as compliant as was reasonably possible.

The Chief Finance Officer stated that she would work closely with Steve Moss and respond accordingly.

Assurance:

The Board can be assured that further awareness work had been undertaken within the last quarter via Fraud Newsletters, Fraud Alerts and promoting a better fraud culture both at home and work.

The Government Functional Counter Fraud Standard had now been published. All NHS bodies would be expected to work towards covering all 13 requirements by the end of 2021/22 and the counter fraud plan for 2021/22 would be designed to align to the requirements of the new standard in order to be as compliant as was reasonably possible.

Resolved:

(a)	Integrated Audit and Governance Committee Members noted the fraud awareness work that had been undertaken within the last quarter;
(b)	Noted that the Government Functional Counter Fraud Standard had now been published, and
(c)	Noted that the counter fraud plan for 2021/22 would be designed to align to the requirements of the new standard in order to be as compliant as was reasonably possible.

8. FINANCIAL GOVERNANCE

8.1 FINANCE REPORT

The Chief Finance Officer presented the Finance Report to update the committee on the CCG's financial position as at 31 January 2021 under the current temporary financial regime.

Members were advised that a clear definition could be seen between the reporting of the system-wide allocation versus the CCG's core performance.

With regard to financial performance, it was reported that all of the pressures had been offset either through allocation changes and planned use of budgets within the overall spending allowance.

Performance against the Better Payment Practice Code (BPPC) continued to be on target which was an area that Hull CCG benchmarked very well against, however it was reported that this was not the case when consolidating BPPC performance across the Humber and the ICS and the Chief Finance Officer would be picking this up with other colleagues.

With regard to the Debtor and Creditor position, there were currently no debtors over £5,000 and more than 6 months old.

There were currently 7 creditors over 6 months old and over £5,000 which totalled £465k. It was reported that some of these were being held back whilst we received credits around Covid-related claiming, there were no areas of particular concern and this was mainly due to the guidance around the financial flows in relation to Covid which had been challenging but this was being resolved. Hull City Council remained the largest creditor and the Chief Finance Officer advised that she had tasked both the teams within the CCG and the Council to get underneath this in order to achieve as clean a balance sheet and statement of financial position as soon as possible.

The planned surplus values had been locked in by NHS England, however each CCG was required to breakeven to achieve its statutory duties.

The CCG was forecasting a balanced position for running costs against a budget of £5,437k. (£6k had been received for COVID related expenditure).

Programme costs were forecasting an overspend of £10,298k against the £11,135k planned surplus.

The financial year had effectively been split into two halves. The first half had been funded on a break- even basis whereas the second half would need to be managed within a set budget. The CCG was working towards the achievement of a system control total in which all partners achieved financial balance. It was for this reason that Hull CCG was reporting a deficit to plan, however still breaking even.

Assurance:

The Board can be assured guidance on the allocations and contractual arrangements from the 1st 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 would no longer be reimbursed by NHSE/I to ensure a break-even position.

Resolved:

(a)	Integrated Audit and Governance Committee Members noted the CCG’s performance as at 31 January 2021 under the current temporary financial regime;
(b)	Guidance on the allocations and contractual arrangements from the 1st of October had now been provided and had a much greater emphasis on system working, and
(c)	The CCG was working towards the achievement of a system control total in which all partners achieve financial balance. It is for this reason the Hull CCG was reporting a deficit to plan, however still breaking even.

8.2 LOSSES AND SPECIAL PAYMENTS

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

8.3 ACCOUNTING POLICIES

The Chief Finance Officer presented this report and advised that this was a draft document as some of the documentation was still awaited from NHS England. The policies used previously had been lifted and suggested as a potential draft but there would be a lot more work to be done on these once the template pro-formas had been received from NHS England and as we moved forward.

8.4 ANNUAL ACCOUNTS PLAN AND TIMETABLE

The Chief Finance Officer presented this report which provided details of the timetable that was being followed in preparing the CCG’s Annual Accounts. Ian Goode queried some of the target dates in the document that had not been started. The Chief Finance Officer advised that she was considering superseding this detailed task-based timetable and she would be looking at this and reporting back on the approach to the closedown timetable in the coming weeks.

The Chair commented that the key question for the Committee was the assurance that we would achieve what we needed to achieve in the timeframe that was prescribed for us. The Chief Finance Officer provided assurance that the resilience that the team had shown continued and in terms of capability and presence having

Danny Storr back as another senior pair of hands should ensure that there were minimal issues.

Assurance:

The Board can be assured that a detailed plan was in place for the preparation of the CCG's Annual Accounts for 2020/21.

Resolved:

(a)	Integrated Audit and Governance Committee Members noted the Annual Accounts Plan and Timetable for 2020/21 which was progressing to plan.
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*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

The Chief Finance Officer advised that the following tender waivers had been approved: (the detail of which had been provided for information)

- Individual Funding Requests and Value Based Commissioner Checker
- Medicines Optimisation
- RAIDR (Healthcare Intelligence Tool)

The Chief Finance Officer reported that she had been part of the detailed discussions around these tender waivers which had been brought here as a final oversight from an audit committee perspective and advised that she had nothing to draw to members' attention.

Resolved:

(a)	IAGC Members duly noted the approved tender waivers in respect of: <ul style="list-style-type: none">• Individual Funding Requests and Value Based Commissioner Checker• Medicines Optimisation• RAIDR (Healthcare Intelligence Tool)
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9.2 CORPORATE RISK REGISTER

The Associate Director of Corporate Affairs presented the latest Corporate Risk Register for consideration and approval.

There were 36 risks on the Risk Register and of these, 17 had a current risk rating of high or extreme and were therefore included within the report.

Following the discussion at the last meeting, the decision had been taken to leave the following 3 risks on the bottom of the register for tracking purposes and to describe how they had evolved:

Risk 861 which related to Never Events and the discussion around whether the focus of that risk should continue to be on Never Events or if it should be more around SIs. Members were advised that Risk 861 had been replaced by a new risk – Risk 963.

Both of these risks had been shown for completeness in order that members could satisfy themselves that it was now, on the recommendation of the Q&PC, possible to take Risk 861 off the Risk Register and be equally satisfied that the new risk which focused on SIs – Risk 963 had been added to the register.

Although the risk was currently rated as moderate, the Committee did not agree with the risk rating attributed at this point in time based on discussions around SIs and also that the risk narrative tended to relate to surgical SUIs and the Committee felt that this needed to be broadened to articulate SUIs in total.

The new risk rating would be brought back to the next meeting of the IAGC.

Risk 927, which related to MRSA and E-coli and had been discussed previously at the committee in length. This risk had again been reviewed by the Q&PC and their agreement was that the risk would be re-cast focussing solely on e-coli as a new risk, because of the positive progress that had been made in relation to MRSA.

For completeness the decision had been taken to include Risk 927, with the update provided by the Q&PC so that IAGC members could track through where we were with that risk. Risk 927 should remain on the Risk Register until the new risk had been re-cast

Risk 902, which related to maintaining a resilient primary care workforce. Following the discussion at the previous committee, the risk narrative had been updated to incorporate the particular risk brought by the requirements of primary care to respond to Covid 19, not least through the vaccination programme and the support that they were providing. A detailed update had also been provided in relation to the mitigations and actions that had been taken in relation to this risk.

With regard to the rating of Risk 963 which related to SIs, Jason Stamp felt that, due to the concern raised around the level of SIs, as a starting point the risk rating was too low. Improvements were being seen and at some point there could be a debate about downgrading the risk, but as a new risk it was felt that it should be rated higher. The Chair concurred with this and requested that the risk also be broadened to articulate all SIs, not just be specific to surgical SIs. The Chair would also like this risk to remain on the risk register for this committee in order to provide assurance and oversight.

The Associate Director of Corporate Affairs proposed that this risk be given further review by the Q&PC. The Deputy Director of Quality and Nursing confirmed that the Q&PC would re-look at the rating of this risk and advised that a benchmarking exercise was being carried out to gain an overview of incidents.

The Deputy Director of Quality and Nursing further advised that, in terms of risk going forward, the Risk Register would be going to the Q&PC and there would be a paper outlining any changes to risk ratings and any new risks.

Jason Stamp proposed that a Board Development session be held to understand the process around SIs and the detailed process behind this. The Deputy Director of Quality and Nursing advised that this would potentially take place on 23 April 2021.

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.

Following queries raised at the previous meeting, a full discussion had taken place in order to inform members of the action taken in relation to some of the risks.

IAGC members were assured by the process followed and:

- approved the removal of Risk 861 which related to Never Events
- accepted the new Risk 963 onto the Risk Register, which related to SIs with the caveat that the risk be broadened to articulate all SIs and requested that Q&PC review the risk rating of this risk
- approved that Risk 927 be re-cast focusing on E-coli rather than MRSA and requested that Risk 927 remain on the Risk Register until the new risk had been re-cast

A future Board Development session would be held in order for members to understand the detailed process around SIs.

Resolved:

(a)	The continued work to monitor and update the risks on the Risk Register was noted;
(b)	IAGC Members approved the removal of Risk 861 which related to Never Events
(c)	IAGC Members accepted the new Risk 963 onto the Risk Register, which related to SIs but did not agree with the risk rating attributed at this point in time and also felt that the risk needed to be broadened to articulate SUIs in total
(d)	The new risk rating for Risk 963 would be brought back to the next meeting of the IAGC
(e)	A Board Development session to be held in order for members to understand the detailed process around SIs.
(f)	IAGC Members approved that Risk 927 be re-cast focusing on E-coli rather than MRSA. Risk 927 should remain on the Risk Register until the new risk had been re-cast
(g)	IAGC members noted the update provided in relation to Risk 902.

9.3 BOARD ASSURANCE FRAMEWORK 2020-21

The Associate Director of Corporate Affairs presented the current Board Assurance Framework (BAF) for review, the updates to which had been highlighted.

Members were advised that this was the last version of this BAF that would be seen for this year. Work was progressing as an Executive Team to develop the new strategic objectives which would then be shared with the Board.

Particular attention was drawn to the following issues and updates:

In relation to Strategic Objective 2 – System-level advancement of commissioning priorities set out in the NHS Long Term Plan – it was noted that the update provided by Karen Ellis and Erica Daley also linked in with the update provided in the first section of Strategic Objective 4 which was about the CCG commissioning what it needed to. This section attempted to articulate the access targets and the backlog of cases along with the growth of waiting lists, particularly around the 52-week wait

as a result of Covid. There was more work to be done to more accurately reflect where we were; the updates that were provided in both Objective 2 and Objective 4 went some way to describe the detailed work that had been undertaken but this was a very active programme of work across the Humber area involving the two main providers. The re-cast BAF for next year would focus more explicitly on this piece of work under transformation.

Jason Stamp commented that a lot of this would form the foundation of next year's BAF and the work that was taking place now would need to be transferred across and questioned how this would be re-cast in the light of the legislation changes.

The Chair stated that the current BAF had needed to flex and change during what had been a very challenging year and she had welcomed the regular updates provided which had been current, well-articulated and honest.

Assurance:

The Board can be assured that IAGC members had reviewed and commented on the Board Assurance Framework for 2020/21 which was the last version of this BAF that would be seen for this year. Work was progressing as an Executive Team to develop the new strategic objectives which would then be shared with the Board.

Resolved:

(a)	The content of the BAF 2020/21 and the update provided was noted;
(b)	Work was progressing as an Executive Team to develop the new strategic objectives which would then be shared with the Board.

9.4 DATA SECURITY AND PROTECTION TOOLKIT 2020-21 UPDATE

The Associate Director of Corporate Affairs presented this report to inform the IAGC on the status of the 2020-21 Data Security and Protection Toolkit (DSPT) submission and the following update was provided:

Members were advised that a lot of work had taken place behind the scenes. Many of the standards had been changed and expanded this year and the CCG had transitioned to a new IT provider.

There were 89 mandatory evidence items required to complete the Toolkit and the CCG were part way through uploading the provision of suitable assurance and evidence in relation to each of the key lines of enquiry standards which we were required to evidence.

A large proportion of what we required would come via our IT provider and, as in previous years, regular dialogue was taking place with them about the requirements and they were aware of what was needed. There was a reasonable level of confidence that we would remain on target and it wasn't anticipated that there would be any unexpected problems.

The intention was to meet the original March 2021 deadline for uploading and the IT provider was working towards that deadline for the evidence; however, the national deadline had been extended to June 2021 due to Covid. Organisationally we remained on track and we would endeavour to meet the original deadline; however there was some scope for slippage if that proved necessary.

The Chair reported that she had taken part in a table-top exercise which had been run across the 4 CCGs with the IT provider around business continuity in the event of a cyber attack, which had been run by John Mitchell. She stated that she would like to see a clear action plan of what needed to be in place should that eventuality happen. The Associate Director of Corporate Affairs advised that John Mitchell had agreed to pull together a summary report of the key findings of the exercise and necessary next steps.

Assurance:

The Board can be assured by the amount of work taking place to compile the evidence required for the 2020-21 Data Security and Protection Toolkit (DSPT) submission.

The national deadline for the 2020-21 DSPT submission had been extended from March 2021 to June 2021 due to Covid, but the intention was to meet the original March 2021 deadline for uploading the documentation should this be possible.

Resolved:

(a)	The update provided on the status of the 2020-21 Data Security and Protection Toolkit (DSPT) submission was noted.
(b)	The extension of the national deadline for the 2020-21 DSPT from March 2021 to June 2021 was noted.

9.5 EMPLOYEE DECLARATIONS OF SECONDARY EMPLOYMENT

This item had been deferred to the next IAGC meeting to be held on 11 May 2021.

9.6 FREEDOM OF INFORMATION REQUESTS Q3 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 3 from 1 October to 31 December 2020.

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

The CCG's compliance with the national response deadline was 100% for the quarter and the number of responses was slightly down on the previous quarter.

In relation to the outcome of requests for quarter 3, 48% of the requests had been disclosed in full; 34% had been partially disclosed as the information was not held by the CCG or an exemption had been applied and 18% were not held in full.

A breakdown of requestors showed that the majority had been from individual members of the public and corporate companies, with only 5 of the enquiries being from media.

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 October to 31 December 2020, the CCG's compliance with the national response deadline had been 100% for the quarter and the number of responses was slightly down on the previous quarter.

Resolved:

(a)	IAGC members noted the contents of the Freedom of Information Requests Q3 Report
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9.7 POLICIES

Identification Badge Policy and Procedure

The Associate Director of Corporate Affairs presented a report to notify Committee members of the amendments made to the Identification Badge Policy and Procedure. Members were advised that this was basically a house-keeping update, the main amendment had been the change in supplier of ID badges from eMBED to N3i.

The Committee noted the minor amendments and approved the updated policy

Assurance:

The Board can be assured that the CCG has updated its Identification Badge Policy and Procedure to reflect the change in supplier of ID badges from eMBED to N3i. IAGC Members approved the updated Identification Badge Policy and Procedure.

Resolved:

(a)	IAGC Members noted the amendments made to the Identification Badge Policy and Procedure, and
(b)	Approved the updated Identification Badge Policy and Procedure

9.8 CONTINUING HEALTH CARE REPORT

The Chair reminded members that this had come through a request, prior to the first lockdown, to get Internal Audit to look at Continuing Health Care and identify some of the issues to help us create a better service. As a consequence of Covid and due to some partnership working with the Local Authority, a new process had been identified which meant that some of the Internal Audit recommendations could not be followed through and were now obsolete. There were however two remaining recommendations and the IAGC had asked for a final report to be brought, in the knowledge that a new system would be implemented moving forward from 1 April 2021. It had been agreed with Audit Yorkshire that there would be no value in auditing a new service which would need time to bed in. This report therefore was to close the loop on that particular piece of work for this committee, this area would continue to be monitored but would not be subject to any Internal Audit review for the next year

The Deputy Director of Quality and Nursing presented a report which provided the current position in relation to the progress made against the required actions, as assessed by AuditOne in September 2019. From the original identified 6 actions, 2 actions were no longer relevant, 2 actions had been completed in full and 2 actions remained outstanding and in progress, both with a deadline date for completion by Quarter 4 of 2021.

Significant progress had been made against both the 2 outstanding actions, although there had been some limitations in the context of the current configuration of the

service. The deadline for the options appraisal on how the new service would look going forward was 31 March 2021, after which time a programme of change would start to be worked through following decision making on how that would look.

The following update was provided against the outstanding actions:

Action 3 - A requirement to have in place a formal agreement with the Local Authority regarding delegated authority in relation to financial decision making for people assessed as eligible for CHC.

There had been a real strengthening of the Joint Working Forum (JWF) and the Quality and Risk processes. Further clinical leadership would need to be built in and there were other opportunities in terms of enhancing our Personal Health Budgets and our offer to residents of Hull in terms of CHC and Funded Care.

Action 6 - CCG to address flaws which had been identified in the current recharging processes between the LA and the CCG

Work was on-going around validating invoices and ensuring that we had a current position on costs in relation to both CHC and 117. There would need to be a very clear process in place for this year to provide a continuous and smooth approach which was currently being looked at by the Head of Funded Care.

Moving to an ICS would provide significant opportunities for joint working and the ability to work across other CCGs within Humber, sharing resource and working collaboratively.

The 2 outstanding actions would both remain open with a revised completion date of the end of Quarter 1 of 2021/22 to ensure that assurance could be provided that the changes made had been embedded and that data was available to validate that.

The Chief Finance Officer thanked the Deputy Director of Quality and Nursing for the report which provided a good presentation of where we were, she did however express a note of caution that part of the introduction of an Integrated Financial Plan, was to proactively shift the culture within both organisations and with colleagues in CHCP who provided that independent service. The budgets were there and the resources were there and established, the teams on the ground would need to do what was right for the patients in line with guidance and the frameworks that existed and we would sort the resourcing and the due diligence around the money, accepting that we had our own statutory responsibilities and accountabilities.

The Deputy Director of Quality and Nursing accepted this and advised that this was a challenge around Section 117 in particular, as this involved some complex cases with patients being discharged from hospital into very bespoke packages and often choosing to live out of area. There would be an integrating approach but it would have to be clinical led around the patient's needs.

The Chair thanked the Deputy Director of Quality and Nursing for the update on the current position and requested that a further brief report be brought back in 6 months' time to report on the status of the 2 outstanding actions

Assurance:

The Board can be assured by the progress made against the original audit improvement actions as identified by AuditOne in September 2019 following a review of Continuing Healthcare. Two of the outstanding actions remained opened with a

revised completion date of the end of Quarter 1 of 2021/22 and the IAGC had requested that a brief update be provided to the Committee in 6 months to report on the status of the 2 outstanding actions.

Resolved:

(a)	IAGC Members noted the progress made against the original audit improvement actions as identified by AuditOne in September 2019;
(b)	noted that the 2 outstanding actions both remained open with a revised completion date of the end of Quarter 1 of 2021/22, and
(c)	IAGC Members requested that a brief update report be brought back to the Committee in 6 months on the status of the 2 outstanding actions

9.9. HEALTH, SAFETY AND SECURITY GROUP ACTION NOTES - there were no approved action notes to bring to this meeting.

9.10 QUALITY AND PERFORMANCE COMMITTEE MINUTES – the minutes of the meeting held on 11 December 2020 were noted.

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

9.12 PRIMARY CARE QUALITY AND PERFORMANCE SUB-COMMITTEE MINUTES - the minutes of the meeting held on 4 August 2020 were noted. Part 2 minutes of the PCQ&P sub-committee would be brought to future meetings of the IAGC

9.13 PLANNING AND COMMISSIONING COMMITTEE MINUTES - the minutes of the meeting held on 6 November 2020 were noted.

9.14 COMMITTEES IN COMMON MINUTES – the minutes of the meeting held on 16 December 2020 were noted.

9.15 INFORMATION GOVERNANCE STEERING GROUP ACTION NOTES - the action notes of the meeting held on 13 January 2021 were noted.

9.16 EPRR/BCM ACTION NOTES - there were no approved action notes 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 11 May 2021** at 9.00am, at which time there would be an opportunity for a pre-meet with the auditors from 8.30am

Extraordinary IAGC meetings to review the annual accounts will be held on:
21 April 2021 – 3.30-5.00pm to review the draft accounts in detail, and
26 May 2021 – 4.00-5.00pm to review the audited accounts



Signed:

Chair of the Integrated Audit and Governance Committee

Date: 11 May 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
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
PBR	Payment by Results
PCCC	Primary Care Commissioning Committee
PHB	Personal Health Budget
QDG	Quality Delivery Group
QIPP	Quality Innovation Productivity and Prevention
SAR	Subject Access Request
SEND	Special Educational Needs and Disability
SI	Serious Incident
SOPs	Standard Operating Procedures
SRT	Self Review Tool
ToR	Terms of Reference
VfM	Value for Money

