

INTEGRATED AUDIT AND GOVERNANCE COMMITTEE**MEETING HELD ON 2 MARCH 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 2 March 2021.

AUDIT**EXTERNAL AUDIT****Minute No. 6.1 EXTERNAL AUDIT UPDATE REPORT**

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

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. 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 on 11 May 2021. Progress was being made on all the remaining audits (Governance Structures and Risk Management Arrangements; Key Financial Controls, the DSP Toolkit) and these would feed into the Head of Audit Opinion.

Minute No. 7.2 DRAFT INTERNAL AUDIT PLAN 2021/22

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.

Minute No. 7.3 COUNTER FRAUD PROGRESS REPORT

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.

FINANCIAL GOVERNANCE

Minute No. 8.1 FINANCIAL REPORT

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.

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

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.

Minute No. 8.4 ANNUAL ACCOUNTS PLAN AND TIMETABLE

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

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.

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.

Minute No. 9.3 BOARD ASSURANCE FRAMEWORK 2020-21

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.

Minute No. 9.4 DATA SECURITY AND PROTECTION TOOLKIT 2020-21 UPDATE

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.

Minute No. 9.6 FREEDOM OF INFORMATION REQUESTS Q3 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 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.

Minute No. 9.7 POLICIES

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.

Minute No. 9.8 CONTINUING HEALTH CARE REPORT

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.



Karen Marshall (Chair)
Integrated Audit and Governance Committee
11 May 2021