

INTEGRATED AUDIT AND GOVERNANCE COMMITTEE

**MINUTES OF THE MEETING HELD ON 11 MAY 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 (*for item 7.4*)
Pam Heaford, Personal Assistant, NHS Hull CCG (*Minute Taker*)
Mark Kirkham, Mazars LPP
Deborah Lowe, Deputy Director of Nursing and Quality, NHS Hull CCG (*from item 9*)
Steve Moss, Counter Fraud Lead, Audit Yorkshire (*for item 7.4*)
Mike Napier, Associate Director of Corporate Affairs, NHS Hull CCG (*from item 8.2*)
Emma Sayner, Chief Finance Officer, NHS Hull CCG
Danny Storr, Deputy Chief Finance Officer, NHS Hull
Rob Walker, Mazars LPP

1. APOLOGIES FOR ABSENCE

No apologies for absence had been received.

2. MINUTES OF THE PREVIOUS IAGC MEETING HELD ON 2 MARCH 2021

The minutes of the Integrated Audit and Governance Committee (IAGC) meeting held on 2 March 2021 were submitted for approval. It was agreed that these were a true and accurate record of the meeting subject to the following amendment:

Item 9.2 - Corporate Risk Register

Page 11, 2nd paragraph - to be added to the final line "Risk 927 should remain on the Risk Register until the new risk had been re-cast"

MINUTES OF THE EXTRAORDINARY IAGC MEETING HELD ON 21 APRIL 2021

The minutes of the Extraordinary Integrated Audit and Governance Committee meeting to review the draft annual accounts held of 21 April 2021 were submitted for approval. It was agreed that these were a true and accurate record of the meeting subject to the following amendments:

Attendees, page 1: – Sarah Milner's title to be amended to "Head of Finance"

Operating Expenses, page 2, paragraphs 1-3 to be replaced with the following wording in order to be more explicit around the role the CCG had taken:

"With regard to the increased expenditure, particularly with NHS Trusts and Foundation Trusts, the Chief Finance Officer advised that this was a result of the

way that system funding for the Humber Coast and Vale region had flowed through Hull to provider organisations and other CCGs. It was agreed that further wording would be included to explain the role that the CCG had taken to clearly articulate particularly where it had an impact on the income and expenditure lines within the statutory accounts.

Resolved:

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| (a) | Members of the Integrated Audit and Governance Committee approved the minutes of the meeting held on 2 March 2021 and the minutes of the extraordinary meeting held on 21 April 2021 as a true and accurate record and, subject to the incorporation of the agreed minor amendments, these would be signed by the Chair as a true and accurate record. |
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3. MATTERS ARISING / ACTION LIST

The Action List from the meeting held on 2 March 2021 was presented for information and the following updates were provided:

8/9/2020 – Item 7.1 – Primary Care Commissioning Overdue Recommendation

The Chief Finance Officer advised that the background work in developing the reports had now been completed, all the data had been received and had been updated in “live form”. Instruction was awaited from NHS England on how they would like the data presenting and there was a revised target date of 31 July 2021. On this basis it was agreed that this action had been completed and could now be closed.

2/3/2021 – Item 3 – Board Level Completion of Statutory and Mandatory Training

In relation to the completion of Statutory and Mandatory Training, Jason Stamp requested that consideration be given to what training was appropriate for Board members and what was appropriate for staff members. It was agreed that this would be discussed outside of the meeting to agree a way forward.

The Chair raised the fact that Board Members’ completion of Conflicts of Interest training at a recent Board Development Session had not yet been updated on the system and requested that this be completed as soon as possible.

Resolved:

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| (a) | The Action List from the meeting held on 2 March 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:

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| (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 |
|-------------|----------------|---|
| Jason Stamp | 9.8 | Declared a Financial Interest as a sub-contractor for the Extended Social Prescribing and Welfare Advice Service and also as a sub-contractor for the service that was on the current procurement activity – the declaration was noted and no further action was required to be taken |

Resolved:

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| (a) | The above declarations of interest and action to be taken were noted. |
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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.

The main audit work had commenced and was progressing well with good support being provided from the team. There were no significant or major issues to report. There were some minor additional inclusions around disclosures and prior comparatives for related parties which may be required to be added. A more thorough technical review of the accounts had also been undertaken which had not identified anything significant. A minor change may be required to the way the CCG was disclosing the pooled budget arrangement with Hull City Council.

It was agreed that further wording would need to be included to explain the role the CCG had taken in line with the national arrangements to clearly articulate this, particularly where it had an impact on the income and expenditure lines within the statutory accounts. A view was being sought as to how other organisations were addressing this and it was anticipated that there may need to be some sort of additional disclosure under the expenditure to reflect this. The Chief Finance Officer advised that she had raised this issue as part of regional finance discussions, in order to gain consistency around an agreed approach, as this was not unique to Hull CCG and applied to some other organisations across the country.

Further work would take place in order to provide the reader of the accounts with a clear understanding of the context reflected within allocation and expenditure for the CCG.

The final audited accounts would be reviewed by IAGC members on 26 May 2021.

The Chair thanked everyone involved in the production of the annual accounts and the IAGC were assured by the robust process that was taking place, along with the transparency and honesty.

Assurance:

The Board can be assured that the audit of the draft annual accounts had commenced and was progressing well with good support being provided from the team. There were no significant or major issues to report.

Further wording would be included to clearly articulate the role the CCG had taken, in line with the national arrangements, in order to provide the reader of the accounts with a clear understanding of the context reflected within allocation and expenditure for the CCG. A regional view was being sought to gain consistency around an agreed approach to this.

The final audited accounts would be reviewed by IAGC members on 26 May 2021, prior to submission to the CCG Board on 28 May 2021 for final sign off.

Resolved:

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| (a) | Integrated Audit and Governance Members noted the update provided in relation to the audit of the draft annual accounts, |
| (b) | Noted the minor points of disclosure to be included; and |
| (c) | Noted that further wording would be included to articulate the role the CCG had taken in line with national arrangements to provide the reader with a clear understanding, particularly where it had an impact on the income and expenditure lines within the statutory accounts. |
| (d) | The final audited accounts would be reviewed by IAGC members on 26 May 2021 |

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:

Members were advised that there were four reports required to be completed for the Head of Internal Audit Opinion.

The following two reports had been completed.

- Conflicts of Interest (final report) which had provided a High Opinion.
- Governance Structures and Risk Management Arrangements (draft report) which had provided a High Opinion

The two remaining reports, which were well underway, were:

- Key Financial Controls – focusing on the key controls for the general ledger
- Compliance with the DSP Toolkit – following a meeting with the IT provider it was anticipated that this would be a positive report

All Key Performance Indicators had been met and the days remaining were sufficient for Audit Yorkshire to complete the 2020/21 Plan.

Assurance:

The Board can be assured of the progress made against the Internal Audit plan for 2020/21. A final Conflicts of Interest report had been issued which had provided a High opinion. Work was well underway in relation to the two remaining reports on Key Financial Controls and Compliance with the DSP Toolkit, which would feed into the Head of Internal Audit Opinion.

Resolved:

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| (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 had provided a High opinion; |
| (c) | Work was well underway in relation to the two remaining reports, and |
| (d) | All Key Performance Indicators had been met and the days remaining were sufficient for Audit Yorkshire to complete the 2020/21 Plan. |

7.2 INTERNAL AUDIT RECOMMENDATION TRACKING REPORT

Kim Betts, Internal Audit Manager for Audit Yorkshire, presented the Internal Audit Recommendation Tracking Report to update the IAGC on progress against Internal Audit recommendations during 2020/21.

Reference was made to the update provided in relation to the Primary Care Commissioning overdue recommendation which had been referred to earlier under the Action List (Item 3)

The recommendation relating to the decision-making authority for the Committees in Common and the Scheme of Delegation would be followed up with Mike Napier.

The remaining overdue recommendations were all either moderate or minor and there were no concerns.

Resolved:

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| (a) | IAGC Members noted the progress made on the implementation of agreed audit recommendations. |
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7.3 DRAFT HEAD OF INTERNAL AUDIT OPINION STATEMENT

Kim Betts, Internal Audit Manager for Audit Yorkshire, presented the draft Head of Internal Audit Opinion (HoIAO) 2020/21.

Members were advised that the HoIAO was slightly different this year, due to the change of Internal Audit provider mid-way through the year. Whilst Audit Yorkshire could not give a HoIAO on the work AuditOne had carried out, it could be reflected in the draft HoIAO that the IAGC had received assurances from them.

It was noted that, whilst no actual opinion had been provided in the draft HoIAO, this would be included in the final HoIAO and, from the work completed so far, it was expected that the opinion would be favourable

The final HoIAO would be submitted to the extraordinary IAGC meeting to be held on 26 May 2021.

Assurance:

The Board can be assured that a final HoIAO would be submitted to the extraordinary IAGC meeting to be held on 26 May 2021.

Resolved:

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| (a) | Integrated Audit and Governance Committee Members noted the draft Head of Internal Audit Opinion 2020/21, and |
| (b) | the final HoIAO would be submitted to the extraordinary IAGC meeting to be held on 26 May 2021. |

Nikki Cooper, Local Counter Fraud Specialist, Audit Yorkshire and Steve Moss, Counter Fraud Lead, Audit Yorkshire, joined the meeting

7.4 COUNTER FRAUD PROGRESS REPORT

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

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

- All work was now complete against the Counter Fraud Workplan for 2020/21 which had now been closed.
- A copy of the draft Counter Fraud Workplan for 2021/22 had been circulated which had been developed to comply with the new counter fraud standards which came out on the 1 April 2021.
- Two further Covid-19 newsletters had been circulated to all staff and added to the counter fraud pages on the CCG website.
- The LCFS had attended a Human Resources team meeting on 24 February 2021 to deliver a recruitment presentation which had been well received and as a consequence the LCFS had been invited to deliver counter fraud presentations as part of manager training sessions, specifically looking at fraud risks which may be encountered during recruitment, along with preventative measures.
- A number of Counter Fraud Alerts had been issued
- The two investigations, which had been originally kept by AuditOne, were both now closed.
- A copy of a briefing note regarding the new Government Functional Counter Fraud Standard and the benchmarking exercise which was currently being carried out had been included. Steve Moss, Counter Fraud Lead, Audit Yorkshire wished to reiterate to IAGC Members that the components of the Functional Standard were very different, and there were several components where the CCG would be judged to be non-compliant as the requirement to undertake this work had not been included in the 2020/21 Counter Fraud Plan. The new Counter Fraud Workplans were aligned specifically to the new standard, therefore for the areas where the CCG would be non-compliant this year, they would be compliant with next year, or working towards compliance. The introduction of metrics had been included in the plan in terms of introducing a number of measurable outcomes for

counter fraud work which were a realistic way of improving quality and provided the CCG with a way of measuring performance against those metrics.

The Chair had requested that a copy of the new Government Functional Counter Fraud Standard be brought to the next IAGC meeting

Ian Goode queried the number of days required to deliver the Counter Fraud Plan, given the increase in digital crime and cyber scams. The Counter Fraud Lead advised that the number of days for the Plan going forward had reduced, this was to align with the other CCGs in the area and also was a consequence of delivering counter fraud more effectively.

The Chief Finance Officer assured IAGC members that the Plan would be closely monitored and should the need arise to invest and purchase more time to address any concerns, the CCG reserved the authority and right to do so.

IAGC Members approved the Counter Fraud Workplan for 2021/22

Assurance:

The Board can be assured by the amount of counter fraud work that had taken place. All work was now complete against the Counter Fraud Workplan for 2020/21 which had now been closed.

The Counter Fraud Workplan for 2021/22, which had been approved by the IAGC, had been developed to comply with the recently published Government Functional Counter Fraud Standard.

Resolved:

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| (a) | Integrated Audit and Governance Committee Members noted the contents of the Counter Fraud Progress Report, |
| (b) | Integrated Audit and Governance Committee Members approved the Counter Fraud Workplan for 2021/22 |
| (c) | A copy of the new Government Functional Counter Fraud Standard would be brought to the next IAGC meeting |

Nikki Cooper, Local Counter Fraud Specialist, Audit Yorkshire and Steve Moss, Counter Fraud Lead, Audit Yorkshire, left the meeting

8. FINANCIAL GOVERNANCE

8.1 FINANCE REPORT

The Finance Report was taken as read. It was noted that it was a slightly different year end position for the CCG and the IAGC had previously been taken through the context and the wider issues faced during the financial year.

The Deputy Chief Finance Officer wished to highlight the success that had been made in clearing some of the outstanding creditors, from £465k previously reported down to £189k which had largely been Hull City Council mental health packages.

The Chief Finance Officer provided a live update on 2021/22 planning and advised that a challenging process had been undertaken to put together a financial plan for H1 of 2021/22 (the first 6 months of the financial year). The majority of the transactional challenges in H2 of 2021 (the second half of the last financial year)

would be replicated in the H1 of 2021/22. The themes and mechanisms for flowing money had continued into the first half of this financial year and a similar approach had been taken to that taken during the second half of the year.

The Chief Finance Officer had taken the lead role across the Humber in co-ordinating and submitting the plan for H1 and provided assurance that we would be able to live within the financial envelope that we are given as this was predicated on significant nonrecurrent resource.

As the Covid situation was beginning to be managed, the key issue and risk was the non-recurrent money coming into systems which was potentially propping up recurrent expenditure and was not sustainable going forward.

Another area of risk was the challenging waiting times. Independent sector providers were gearing up recurrent capacity which put further underlying cost pressure into the system and caused more of a financial recovery challenge.

The integration agenda, on the back of the White Paper and the legislation, re-set thinking and how business is undertaken; however it did not go far enough and provider regimes and statutory infrastructure were not changing as part of that - it fundamentally changed one part of the system but did not change the provider landscape.

In terms of a more formal update, the Chief Finance Officer advised that she was hoping to submit a paper to the next Governing Body and the next IAGC meeting; however, because of the timing of the meetings and the timing of the work there may be a need to share something with IAGC members in advance of the next meeting in order that members were kept updated.

The Chair welcomed the verbal update and the intention to share information with members prior to the next meeting in order that they were fully sighted.

Financial guidance for H2 (the second half of the year) was still awaited although it was anticipated that some form of hybrid arrangement was likely to be put in for the second half of the year, rather than reverting back to core CCG allocation and pre-pandemic expenditure flows.

Reference was made to the recent announcement of £1bn for the NHS to put into waiting times and recovery. Modelling and understanding around what this would look like across the NHS and the independent sector would be one of the biggest areas of challenge and risk. It was anticipated that there would be a phased delivery of the 19/20 activity levels with Trusts expected to achieve 70% of the 19/20 levels in April, 75% in May, 80% in June and 85% from July and anything above those levels would be paid for on a PBR activity basis by the national team.

Assurance:

A challenging process had been undertaken to put together a financial plan for H1 of 2021/22 (the first 6 months of the financial year). The Chief Finance Officer had taken the lead role across the Humber in co-ordinating and submitting the plan for H1 and provided assurance that we would be able to live within the financial envelope that we are given as this was predicated on significant non re-current resource. The themes and mechanisms for flowing money had continued into the first half of this financial year and financial guidance for H2 (the second half of the year) was still awaited.

A more formal update on 2021/22 financial planning would be provided to the next meeting of the Governing Body and the IAGC to ensure that all were fully sighted

Resolved:

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| (a) | The Finance Report was taken as read and the reduction in outstanding creditors achieved, from £465k previously reported down to £189k which had largely been Hull City Council mental health packages was noted. |
| (b) | The verbal live update on 2021/22 financial planning, provided by the Chief Finance Officer was noted |
| (c) | The Chief Finance Officer would provide a more formal update on 2021/22 financial planning to the next meeting of the Governing Body and the IAGC to ensure that all were fully sighted |

Mike Napier. Associated Director of Corporate Affairs, joined the meeting

8.2 LOSSES AND SPECIAL PAYMENTS

Bad Debt – Lifeline

The Deputy Chief Finance Officer advised that the supporting paperwork in relation to this bad debt was self-explanatory and the team had done everything it could to recover as much as possible.

In summary, the original invoice was raised for £1,988.48; the company had since gone into administration, liquidators were brought into the company and the CCG was asked to complete relevant forms and submit for payment. This resulted in part payment of £1,093.66 made to the CCG leaving a balance of £894.82.

Resolved:

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| (a) | Integrated Audit and Governance Committee Members noted the details of the Lifeline Bad Debt |
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8.3 HULL CCG PRIMARY CARE REBATE AGREEMENT RENEWAL FOR BIQUELLE 2021

The Chair reported that this paper was in relation to a Primary Care Rebate Agreement Renewal for Biquelle for an extension of this rebate scheme.

Members were advised that this paper had been taken to the Planning and Commissioning Committee, as per the correct process, and they had recommended that the IAGC approve the extension. Members were reminded, for information, that the Primary Care Prescribing Rebate Offer for Biquelle had been approved by the IAGC on 13 November 2018.

IAGC Members approved the rebate renewal for Biquelle 2021 and the relevant paperwork would now be signed off.

Assurance:

The Board can be assured that the IAGC had approved the Biquelle Rebate agreement renewal 2021, following recommendation by the Planning and Commissioning Committee.

Resolved:

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| (a) | Integrated Audit and Governance Committee Members approved the Biquelle Rebate agreement renewal 2021 and |
| (b) | The relevant paperwork would now be signed off |

8.4 CONTRACT VALUES 2021/2022

This item had been deferred.

9. GOVERNANCE

9.1 WAIVING OF PRIME FINANCIAL POLICIES

There were no waiving of prime financial policies to report.

Debbie Lowe, Deputy Director of Nursing and Quality, joined the meeting

9.2 CORPORATE RISK REGISTER

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

The following update was provided:

There were 19 risks within the risk register that had a current risk rating of high or extreme and were therefore included within the report.

The following three new risks had been added which centred around Continuing Care:

Risk 960 – The CCG was at risk of not meeting its statutory duties in respect of case management for people eligible for Continuing Healthcare as directed by the National Framework.

Risk 961 – The risk of not fulfilling duties with respect to ensuring eligible people having access to personalised care and support through Personal Health Budgets (PHB) due to current arrangements for case management.

Risk 962 - The CCG was at risk of not fulfilling its duties with respect to the end-to-end service that people eligible for NHS-Hull CCG funded Continuing Healthcare are entitled to expect as set out by the National Framework for NHS Continuing Healthcare (CHC) and NHS-funded Nursing Care and associated guidance.

The Deputy Director of Nursing and Quality stated that there was a need to have a different model, design and approach going forward and these three risks addressed the immediate issues and areas to be resolved.

The Local Authority had struggled to deliver the case management and recruit staff to it and they had stated an intention that they would not want to continue this going forward. This risk had been identified on the Risk Register and papers had been taken to SLT looking at interim arrangements short term that would take effect in the next couple of months and a longer-term arrangement which mirrored what would be seen across the ICS and Humber but that had a Place based delivery. The Chair welcomed this way forward.

Jason Stamp requested that an update on CHC be provided to the Q&PC in order that they could be fully sighted on this. The Deputy Director of Nursing and Quality

advised that a paper was being submitted to ICOB which outlined the CCGs plans going forward, which would then go through the appropriate governance processes.

IAGC members approved the content of the three new risks on the Risk Register.

The following risks were also highlighted:

Risk 911 – this risk related to Humber Foundation Trust and the last update had been provided on 25 February 2021. The Deputy Director of Nursing and Quality advised that a letter had been sent to the Trust requesting an updated position with regard to waiting lists and the impact of Covid on all areas of mental health. The context of staffing aligned with the current position and it was important to correlate the two in terms of what staffing they had got currently to run what would have been “business as usual” services but also how they were managing the Covid backlog of waiting times and lists. IAGC Members were advised that the update would come through the Quality Meeting in the context of the wider piece.

Jason Stamp commented that this risk mixed together two things: the staffing issue at Humber and the gap in terms of staffing and staff retention which impacted on their ability to be able to deliver a core service. There was also a wider risk around delayed waiting lists across the board that encompassed Community Services, HUTHT, Humber and Primary Care. Assurance was required in terms of waiting list management from providers, but also around how clinical risk and risk of harm was being managed within those pathways which was a different risk from the Humber staff risk. He also stated that we were not capturing our most immediate tangible risk to our patient population at the moment on our risk register and sought assurance that those most in need were being prioritised.

The Deputy Director of Nursing and Quality advised that a lot of work had been carried out around this from a quality and safety perspective in order to be assured that providers were working to the national framework around prioritisation for groups P1-P6. From an assurance perspective, a lot of work had taken place but this was not currently captured on the risk register. She also advised that, following a review of their clinical harm processes, further questions had been put to HUTHT, to ensure that every eventuality was covered and that patients were not at risk whilst waiting. This would be reviewed both from a quality and patient safety perspective as part of the Q&PC, to ensure the narrative was appropriately articulated and it would be included on the Risk Register for the next meeting.

The Associate Director of Corporate Affairs welcomed the comments but questioned whether some elements of this should be demarcated between the Risk Register and what would be in the re-cast Board Assurance Framework which was currently being developed. The wider recovery strategic objective and the risks and the assurances that sat underneath that would need to be reflected in the BAF. There was a need to ensure that the specific risk that goes into a greater degree of detail and granularity on the Risk Register, complements and dovetails with the risk on the BAF.

Risk 924 – this risk was in relation to EPRR and BCM. The Associate Director of Corporate Affairs advised that, given that there had been alternative arrangements of splitting Director on-call between the North and South Bank for an extended period, this process seemed to be working well and it was proposed that this risk be re-visited and reduced. However, there remained some concern in relation to digital stability and our vulnerability to cyber attacks and a recent desk top exercise had highlighted the need for further work around this and it may be necessary to re-focus the

description of this risk to be more cyber-related or to bring it back to reduce the risk rating.

Risk 942 – the update provided in April had stated that the risk rating had increased due to a number of CCG staff leaving and there were plans to fill those gaps but this did increase the risk of our capacity; however, the actual risk rating had remained the same in the table. Phil Davis had confirmed that the actual risk rating had been discussed to go back up to 12 and this would be amended on Datix and reviewed in due course.

The Chair referred to Risk 927 which related to MRSA/e-coli. At the last IAGC meeting the need for re-casting and re-focusing this risk had been discussed, this was not reflected on the Risk Register. The Associate Director of Corporate Affairs would pick this up outside of the meeting. It was clarified that Risk 927 should remain on the Risk Register until this had been done.

The Chair stated that Risk 963 should remain on the Risk Register until the Q&PC had provided their official review and recommendation of this risk. Jason Stamp confirmed that this discussion had taken place and an update would be brought to the next IAGC meeting.

Ian Goode referred to Risk 923 which was in relation to Business Continuity and requested sight of a copy of the report from a recent desktop exercise. The Associate Director of Corporate Affairs would circulate a copy of the report which had been produced by John Mitchell and advised that this linked to the assurance around the DSP Toolkit work that was ongoing and an update would be provided that linked these two pieces of work together.

Assurance:

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

IAGC approved that new Risks: 960, 961 and 962 which centred around Continuing Healthcare be added to the Risk Register.

A thorough review and discussion had taken place with regard to the key risks, particular in relation to the staffing issue at Humber and provider waiting list management in order to gain assurance on the work taking place. Further updates would be provided in the Risk Register for the next meeting.

Resolved:

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| (a) | The continued work to monitor and update the risks on the Risk Register was noted; |
| (b) | IAGC members approved the content of the three new risks on the Risk Register (Risks 960, 961 and 962) which centred around CHC |
| (c) | An update on Risk 911 would be included on the Risk Register for the next meeting |
| (d) | Risk 924 – there may be a need for this risk to be re-focused to be more cyber related or for the risk rating to be reduced. |

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| (e) | Risk 927 should remain on the Risk Register until the new risk had been re-cast |
| (f) | Risk 963 would remain on the Risk Register until the Q&PC had provided their official review and recommendation of this risk and an update would be brought to the next IAGC meeting. |
| (g) | Risk 942 – the current risk rating would be updated to 12 on Datix |
| (h) | The Associate Director of Corporate Affairs would circulate a copy of the report which had been produced by John Mitchell following a recent desktop exercise around business continuity |

9.3 BOARD ASSURANCE FRAMEWORK 2020-21

The Associate Director of Corporate Affairs presented the current Board Assurance Framework (BAF) and stated that, although some of the risks were now aged, there were still a number which remained relevant. Members were advised that the 2020-21 BAF would remain extant until a new BAF had been received and signed off.

It was reported that a comprehensive set of updates had been provided across the full spectrum and a number of the key risks had been covered during the previous Risk Register discussion.

With regard to Strategic Objective 4 which related to mental health, Ian Goode queried whether the resources and funding were sufficient to cope with the anticipated rise in the amount of referrals. The Chief Finance Officer stated that the limiting factor where this challenge was concerned was workforce, rather than funding. The level of ambition around recruitment in mental health was huge and whether it was achievable across this geography was the limiting factor.

Jason Stamp suggested that there was an opportunity to use the ICS and give consideration to the use of provider collaboratives as a different approach to mental health, although there were some concerns associated with this approach. The Deputy Director of Nursing and Quality concurred that existing vacancies across mental health, combined with a backlog of work that required a resource was a much wider piece of work which required an ICS level approach to workforce, whilst also giving consideration to wider partners, Health Education England and working with universities.

The Deputy Chief Finance Officer stated that, some of the ambitions and requirements of the Long Term Plan were huge and were not covered by the funding received. and advised that there was much closer working with partner organisations and the Trust to produce the plans and from a finance community, they were working more closely on mental health.

Assurance:

The Board can be assured that IAGC members had reviewed and commented on the Board Assurance Framework for 2020/21. The 2020-21 BAF would remain extant until a new BAF had been received and signed off.

Resolved:

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| (a) | The content of the BAF 2020/21 and the update provided was noted; |
| (b) | The 2020-21 BAF would remain extant until a new BAF had been received and signed off. |

9.4 EMPLOYEE DECLARATIONS OF SECONDARY EMPLOYMENT

The Associate Director of Corporate Affairs presented this paper to update the IAGC on the Employee Declarations of Secondary Employment.

Resolved:

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| (a) | IAGC Members noted the Employee Declarations of Secondary Employment |
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9.5 DECLARATIONS OF INTEREST FOR COMMITTEE MEMBERS, EMPLOYEES AND RELEVANT OTHERS, BOARD MEMBERS AND COUNCIL OF MEMBERS

The purpose of this report was to update the Integrated Audit and Governance Committee (IAGC) on the Declarations of Interest for Committee Members, Employees and relevant others, Board Members and Council of Members.

The Associate Director of Corporate Affairs stressed the importance of maintaining robust conflict of interest declarations. There was a rigorous process in place to pro-actively assess and mitigate these and that had been confirmed by the High audit opinion received in relation to the CCG's conflicts of interest management.

The Chair noted that the declarations outstanding tended to fall into the remit of general practice and primary care and it was recognised that they needed to be more forthcoming and more accurate in their declarations.

Assurance:

The Board can be assured that the CCG has received updated Declarations of Interest for Committee Members, Employees and Relevant Others, Board Members and Council of Members. There was a rigorous process in place to pro-actively assess and mitigate these and that had been confirmed by the High audit opinion received in relation to the CCG's conflicts of interest management.

Resolved:

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| (a) | IAGC Members noted the Declarations of Interest for Committee Members, Employees and Relevant Others, Board Members and Council of Members. |
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9.6 DECLARATIONS OF GIFTS AND HOSPITALITY

The purpose of this report was to present the declarations of gifts and hospitality made since the last report to the Integrated Audit and Governance Committee (IAGC) meeting held on 12 May 2020.

Members were advised that there had been one declaration of gifts and hospitality made since the last report to the IAGC which had been accepted and donated as a charity raffle prize as it was not in line with CCG policy

Assurance:

The Board can be assured that the CCG maintains a register of all declarations of gifts and hospitality which is regularly reviewed by the IAGC. One declaration had been made since the last report to the IAGC which had been accepted and donated as a charity raffle prize as it was not in line with CCG policy

Resolved:

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| (a) | IAGC members noted the declaration of gifts and hospitality and the subsequent action taken in relation to this. |
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9.7 POLICIES

There were no policies to present to this meeting.

Jason Stamp declared a Financial Interest in relation to agenda item 9.8 as a sub-contractor for the Extended Social Prescribing and Welfare Advice and also as a sub-contractor for the service that was on the current procurement activity – the declaration was noted and no further action was required to be taken

9.8 PROCUREMENT PANEL ASSURANCE UPDATE

The purpose of this report was to update the committee with an update in respect of procurement activity during the period April 2020 to March 2021.

The report was taken as read and the Chief Finance Officer advised that the CCG was about to go into a different way of working around the “NHS Provider Selection Regime”

The contract for the Homeless Health Service would be considered alongside the new Wellbeing Service to be led by the local authority.

Resolved:

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|-----|---|
| (a) | IAGC Members noted the content of the Procurement Panel Assurance update report in respect of procurement activity during the period April 2020 to March 2021 |
| (b) | The CCG was about to go into a different way of working around the “NHS Provider Selection Regime” |

9.9. HEALTH, SAFETY AND SECURITY GROUP ACTION NOTES – the action notes of the meeting held on 18 March 2021 were noted.

In relation to Risk 964 on page 5, the Chair was assured that the breach in the rear fire stairwell wall had now been rectified by the landlord following escalation.

9.10 QUALITY AND PERFORMANCE COMMITTEE MINUTES – the minutes of the meeting held on 19 February 2021 were noted.

9.11 PRIMARY CARE COMMISSIONING COMMITTEE MINUTES – the minutes of the meetings held on 9 December 2020 and 26 February 2021 were noted.

In relation to item 7.1 on page 3 – APMS Contracts – Christmas opening times - the Chair was advised that a service had been delivered by the contractor that 26 December.

9.12 PRIMARY CARE QUALITY AND PERFORMANCE SUB-COMMITTEE MINUTES - the minutes of the meeting held on 19 February 2021 were noted .

9.13 PLANNING AND COMMISSIONING COMMITTEE MINUTES - the minutes of the meeting held on 8 January 2021 were noted.

The Chair requested that the Risk Register become a standing agenda item for the Planning and Commissioning Committee.

Resolved:

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| (a) | The Chair requested that the Risk Register form a standing agenda item at every Planning and Commissioning Committee meeting. Frequency of Risk Reports for the Planning and Commissioning Committee to be revised to monthly |
|-----|--|

9.14 COMMITTEES IN COMMON MINUTES – the minutes of the meeting held on 24 February 2021 were noted.

The Chair advised that, under the Procurement of Community Wellbeing Services she had asked for an amendment to be made to the final paragraph to articulate that Continuing Healthcare is the responsibility of the CCG and it would be reflected in a further set of minutes.

9.15 INFORMATION GOVERNANCE STEERING GROUP ACTION NOTES - the action notes of the meeting held on 3 March 2021 were noted.

In relation to the incident referred to on page 7 which related to a staff member's car being broken into and CCG equipment and personal items being stolen, the Chair was assured that all the items stolen had been encrypted and there had been no data security breach

9.16 EPRR/BCM ACTION NOTES - there were no approved action notes to bring to this meeting.

Due to the response to the major incident, these meetings had been superseded. In the absence of any action notes, the Chair requested that a brief report be provided for the next IAGC to provide a record of progress made over the past year in order that there was a formal record of any actions that had taken place during the pandemic with regards to business continuity. The Associate Director of Corporate Affairs would follow this up.

Resolved:

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|-----|--|
| (a) | The Chair requested that a brief report be provided for the next IAGC to provide a record of progress made over the past year in order that there was a formal record of any actions that had taken place during the pandemic with regards to business continuity. |
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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 6 July 2021** at 9.00am

An Extraordinary IAGC meeting to review the audited annual accounts will be held on 26 May 2021 – 4.00-5.00pm prior to the final accounts going to the Board for approval and sign off on 28 May 2021.



Signed:

Chair of the Integrated Audit and Governance Committee

Date: 6 July 2021

Abbreviations

| | |
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| 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 Yorkshie 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 |