

INTEGRATED AUDIT AND GOVERNANCE COMMITTEE

MINUTES OF THE MEETING HELD ON 6 JULY 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:

Sharron Blackburn, Deputy Head of Internal Audit, 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 (*from item 8*)
Deborah Lowe, Deputy Director of Nursing and Quality, NHS Hull CCG (*from item 7.3*)
Mike Napier, Associate Director of Corporate Affairs, NHS Hull CCG
Danny Storr, Deputy Chief Finance Officer, NHS Hull

1. WELCOME/INTRODUCTIONS AND APOLOGIES FOR ABSENCE

The Chair welcomed Sharron Blackburn, Deputy Head of Internal Audit, Audit Yorkshire, who was deputising at the meeting for Kim Betts, and introductions were made.

Apologies for absence had been received from:

Kim Betts, Internal Audit Manager, Audit Yorkshire
Steve Moss, Head of Anti-Crime Services, Audit Yorkshire
Emma Sayner, Chief Finance Officer, NHS Hull CCG
Rob Walker, Mazars LPP

2. MINUTES OF THE PREVIOUS IAGC MEETING HELD ON 11 MAY 2021

The minutes of the Integrated Audit and Governance Committee (IAGC) meeting held on 11 May 2021 were submitted for approval. It was agreed that these were a true and accurate record of the meeting and would be signed by the Chair.

MINUTES OF THE EXTRAORDINARY IAGC MEETING HELD ON 26 MAY 2021

The minutes of the Extraordinary Integrated Audit and Governance Committee meeting to review the audited annual accounts held of 26 May 2021 were submitted for approval. It was agreed that these were a true and accurate record of the meeting and would be signed by the Chair.

Resolved:

(a)	Members of the Integrated Audit and Governance Committee approved the minutes of the meeting held on 11 May 2021 and the minutes of the
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extraordinary meeting held on 26 May 2021 as a true and accurate 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 11 May 2021 was presented for information and noting.

In relation to a workshop feedback report produced by John Mitchell following a recent desktop exercise around business continuity, which had been circulated by Mike Napier following the last meeting, the Chair expressed her disappointment with the content of the report which was just a reflection of the meeting and what had taken place and did not cover any learning from the exercise. Ian Goode also agreed that there had been a lot of lessons learned from the desktop exercise but he hadn't seen anything since saying that these would be taken forward and addressed. He also felt that the exercise had not focused on prioritising patients and what needed to be done, but had been more about what communications to get out to staff.

Post Meeting Note: John Mitchell would be invited to attend the next IAGC meeting in November to update members on how the learning from a recent desktop exercise around business continuity would be used.

Resolved:

(a)	The Action List from the meeting held on 11 May 2021 and comments made 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.

The Chair advised that there was one item of Any Other Business which was in two sections and related to Primary Care Rebate Scheme renewals – this would be covered at item 10.4.

Resolved:

(a)	A report requesting approval of Primary Care Rebate Scheme renewals would be taken at item 10.4
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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)	No declarations of interest were made.
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6. EXTERNAL AUDIT**6.1 EXTERNAL AUDIT PROGRESS REPORT**

Mark Kirkham, Mazars LLP, presented the External Audit Progress Report for information.

With regard to the closure steps for the 2020/21 audit, IAGC members were advised that an unqualified audit opinion had been issued on 9 June 2021 and the group return to NHS England had been submitted on the 22 June 2021.

The Value for money (VFM) commentary had not yet been issued, there had been an extended timetable this year for reporting on VFM arrangements in acceptance of the additional pressures on NHS bodies and their auditors as a result of the pandemic, and the aim was to get this work finalised in time for the next IAGC meeting in September 2021. There were no matters of concern to raise at this stage.

The second part of the report provided IAGC members with an update on some recent publications.

Assurance:

The Board can be assured that, with regard to the audit of the annual accounts 2020/21, an unqualified audit opinion had been issued on 9 June 2021 and the group return to NHS England had been submitted on the 22 June 2021.

Work on the Value for Money (VFM) commentary would be finalised in time for the September IAGC meeting and there were no matters of concern to raise at this stage.

Resolved:

(a)	Integrated Audit and Governance Members noted the update provided in relation to the closure steps for the 2020/21 audit;
(b)	an unqualified audit opinion had been issued on 9 June 2021 and the group return to NHS England had been submitted on the 22 June 2021 and
(c)	work on the Value for Money (VFM) commentary would be finalised in time for the September IAGC meeting and there were no matters of concern to raise at this stage.

7. INTERNAL AUDIT**7.1 INTERNAL AUDIT PROGRESS REPORT**

Sharron Blackburn, Deputy Head of Internal Audit for Audit Yorkshire, presented the Internal Audit Progress Report to update the Committee with progress against the Internal Audit plan for 2021/22.

It was reported that there had been no workplan for Quarter 1 and the work had started to plan for Quarter 2 with the activity taking place now.

Since the last Integrated Audit and Governance Committee, one final report had been issued on the Data Security and Protection Toolkit which had provided a high opinion, this had been a positive outcome based on the arrangements in place to meet the standards, and also the evidence seen to verify the CCG's self-assessment.

In terms of the progress report, this would be populated as the year progressed in terms of KPIs. There had been no changes requested to the Plan at this stage and work was progressing as originally approved by the IAGC.

The Chair sought confirmation that the audit to provide assurance on the system governance arrangements and how they were evolving to support transition to the Integrated Care System appeared on all four CCG Internal Audit Plans. Confirmation was provided that time had been included on all CCG plans this year for both assurance support and also advisory support if required, which would be kept flexible dependant on how things evolved and developed.

Assurance:

The Board can be assured that work is progressing against the Internal Audit Plan for 2021/22.

A final report had been issued on the Data Security and Protection Toolkit which had provided a high opinion, this had been a positive outcome based on the arrangements in place to meet the standards, and also the evidence seen to verify the CCG's self-assessment.

Resolved:

(a)	Integrated Audit and Governance Committee Members reviewed and noted the progress made by Audit Yorkshire against the 2021/22 Internal Audit Plan from 1 April 2021, and
(b)	A final report had been issued on the Data Security and Protection Toolkit which had provided a high opinion,

7.2 INTERNAL AUDIT RECOMMENDATION TRACKING REPORT

Sharron Blackburn, Deputy Head of Internal Audit for Audit Yorkshire, presented the Internal Audit Recommendation Tracking Report to update the IAGC on progress against Internal Audit recommendations during 2020/21.

Members were advised that this was a positive report; there were 6 outstanding recommendations in total, 2 had been completed since the last meeting and there was only one action for which it had not been possible to obtain an update and this had been highlighted.

Resolved:

(a)	IAGC Members reviewed and noted the progress made on the implementation of agreed audit recommendations.
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The Deputy Director of Nursing and Quality joined the meeting

7.3 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:

The Annual Counter Fraud Report for 2020/21 was now complete and the Counter Fraud Functional Standards Return (CFFSR) 2020/21 had been appended which had been submitted well within the deadline.

In relation to the CFFSR, Members were advised that almost every organisation had made the same submission, namely: 6 Greens, 4 Ambers (which had not been measured in 2021) and 3 Reds (where the new requirements were not part of the original standard for last year). This had been a benchmarking exercise for this year, based on working to the full requirements for next year.

Violence Prevention and Reduction Standard

The Associate Director of Corporate Affairs provided a verbal update to advise the Committee that Shaun Fleming (Local Counter Fraud Specialist/Local Security Management Specialist – Audit Yorkshire) would be producing a written report for the September IAGC meeting in relation to the new Violence Prevention and Reduction Standard. Members were advised that there were new national standards around pro-active steps that NHS organisations should take with regard to assessing the risk and violence in relation to staff. There was a checklist with approximately 43 lines of enquiry on it and a 3-CCG approach to that assessment was being adopted. Various health and safety leads from each of the organisations had met and discussions had taken place around how to approach this across the 3 CCGs in a consistent manner, with the option to include North East Lincolnshire, working with Shaun Fleming in this regard. A proportionate approach would need to be adopted recognising that, although we do provide some services where there is the potential to come into contact with patients and other members of the public, it is very limited and therefore as organisations our general safety risks are relatively low as most staff are at best office based and with the agile working arrangements that we are operating at the moment, the vast majority of staff are home based. He stated that as an NHS body we would need to undertake a form of assessment, but due regard would need to be given to the context and how we were operating.

The Deputy Director of Nursing and Quality stated that some of the issues were with the more public facing roles in terms of delivery of care and advised that there was a workstream with representation from across all 4 CCGs currently looking at this piece of work and the Committee would be kept updated.

The Associate Director of Corporate Affairs further added that, being conscious of the increase in home working, we would also need to be mindful of potential domestic abuse and other personal circumstances.

Assurance:

The Board can be assured from the Annual Counter Fraud Report for 2020/21 by the amount of counter fraud work that continued to take place.

The Counter Fraud Functional Standards Return (CFFSR) 2020/21 had been submitted well within the deadline. This had been a benchmarking exercise for this year, as some of the new requirements had not been part of the original standard for last year and was based on working to the full requirements for next year. The Counter Fraud Workplan for 2021/22 had been developed to comply with the new counter fraud standards which came out on the 1 April 2021.

A paper would be presented to the September IAGC meeting with regard to the new Violence Prevention and Reduction Standard which related to pro-active steps that NHS organisations should take in relation to assessing the risk and violence in relation to staff. Discussions were taking place around adopting a proportionate approach to this across the 3 CCGs in a consistent manner.

Resolved:

(a)	Integrated Audit and Governance Committee Members noted: the contents of the Counter Fraud Progress Report;
(b)	The Annual Counter Fraud Report 2020/21,
(c)	The Counter Fraud Functional Standard Return Submission 2020/21, and
(d)	The verbal update provided on the Violence Prevention and Reduction Standard - a written report would be submitted to the September IAGC meeting

Michelle Longden, Corporate Affairs Manager joined the meeting

8. FINANCIAL GOVERNANCE

8.1 FINANCE REPORT

The Deputy Chief Finance Officer presented the Finance Report which provided the summary financial performance for the period 1 April 2021 to 31 May 2021 and provided assurance around the delivery of all financial targets.

The following key areas were highlighted:

The CCG continued to work within a temporary financial regime for which guidance covering the first half of the financial year (H1) had been received. The CCG's financial plan for this period had been approved by the Board and submitted to NHS England.

NHS Hull CCG were continuing to host several significant system allocations (Covid, system top up and growth funding) and as such have a planned surplus of £14,850k for H1. This does not include the historic surplus of £15,408k which remains unavailable.

It was reported that elements of funding, for which we would be reimbursed retrospectively, had not yet been received; these were for the Hospital Discharge Scheme and the Elective Recovery Fund which related to the independent sector and the performance of the acute trusts to get back up to the activity levels for 2019/20 – this was a System target for which Hull was the lead CCG. Members were advised

that, at Month 2, we were showing a deficit of £3.4m against the £14.8m plan, but this related to both the Hospital Discharge and the Elective Recovery Fund which we would get back, subject to providers across the System achieving the required activity levels.

With regard to running cost allocations, there were no significant variances to date.

With regard to the Better Payment Practice Code, we were only slightly under the 95% target for non-NHS invoices.

In relation to Debtors and Creditors, there were no debtors over £5,000 and more than 6 months old. There were currently 6 creditors over 6 months old and over £5,000 which totalled £408,794 and information was provided regarding actions being taken to resolve these.

Assurance:

The Board can be assured that at this early stage in the financial year the CCG is forecasting that it will achieve the required financial position for H1 and will work with system partners to ensure that this is the case for the remainder of the financial year.

Resolved:

(a)	IAGC Members considered and noted the CCG's performance for the period 1 April 2021 to 31 May 2021.
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8.2 LOSSES AND SPECIAL PAYMENTS

There were no losses or special payments to report

9. GOVERNANCE

9.1 WAIVING OF PRIME FINANCIAL POLICIES

The Associate Director of Corporate Affairs advised that the following two approved tender waivers had been circulated to members for noting. These were Humber-wide pieces of work in relation to the ICS development, with particular focus on the Humber area. Members were advised that the costs for both of these would be split 4-ways between each of the CCGs.

i. Humber Workforce and Comprehensive Spending Review

Proposed Provider: KPMG LLP

Contract Value: £217,375 (Cost to be shared between Hull, ERoY, N Lincs and NE Lincs CCGs)

Contract Period: End of initial period 31 August 2021
End of extension period 31 December 2021

ii. Executive Team Development – T2 Partnership Programme

Proposed Provider: T2 the People Performance People

Contract Value: £25,020 + VAT((Cost to be shared between Hull, ERoY, N Lincs and NE Lincs CCGs)

Contract Period: 1 July 2021 – 31 March 2022

Assurance:

The Board are advised that the IAGC has noted the following two approved tender waivers. These were Humber-wide pieces of work in relation to the ICS development, with particular focus on the Humber area.

- **Humber Workforce and Comprehensive Spending Review**

Proposed Provider: KPMG LLP

Contract Value: £217,375 (Cost to be shared between Hull, ERoY, N Lincs and NE Lincs CCGs)

Contract Period: End of initial period 31 August 2021
End of extension period 31 December 2021

- **Executive Team Development – T2 Partnership Programme**

Proposed Provider: T2 the People Performance People

Contract Value: £25,020 + VAT (Cost to be shared between Hull, ERoY, N Lincs and NE Lincs CCGs)

Contract Period: 1 July 2021 – 31 March 2022

Resolved:

(a)	IAGC Members noted the above two approved tender waivers
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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. The following update was provided:

There were 17 risks within the risk register that had a current risk rating of high or extreme and were therefore included within the report. A number of risks had been kept on from the previous meeting as IAGC members wished to see some further development. It was noted that there was still some work in progress and any action that came out of today's discussion would be followed up with urgency.

The Chair made reference to the following risks:

Risk 963 – The IAGC had requested that the risk was changed and broadened to articulate all SUIs and it hadn't yet been written in that way. The April Q&PC minutes did not reflect how the committee had discussed the SUI risk. The Deputy Director of Nursing and Quality advised that, following the last IAGC meeting, a paper had been put together around the Risk Register for the Q&PC on 18 June 2021. The Q&PC had now reviewed the risk and the feedback from IAGC, and equally looking at it from the context and description of the risk, but also the rating of the risk. The risk had been re-reviewed and it had been ensured that the minutes of the meeting clearly reflected the conversations that were had and these were due to be signed off shortly. It was proposed that the risk be reviewed around the thematic issues that had come up for HUTH, being clear that whilst we were not seeing Never Events, SIs of a particular nature were being seen and the risk rating would be increased. The Chair was assured by the verbal update provided and proposed that the risk be left as it was and a review would take place at the September IAGC meeting. The Deputy Director of Nursing and Quality clarified that the proposal was to close down this risk and re-open a new risk and reference this in the closure. The Chair agreed with this approach and confirmed that the risk would remain on the risk register until the IAGC received the re-cast risk in order for members to be assured that it could be removed at that point. This approach would also need to be adopted with regard to Risk 927 (MRSA risk)

Jason Stamp commented that there seemed to be a time-lag between the conversation at the Q&PC and the one which should take place at the IAGC. The Chair stated that this could be symptomatic of the Q&PC moving to bi-monthly and agreed that the process would need to be tightened up. The Deputy Director of Nursing and Quality confirmed that the relevant discussion had taken place at the Q&PC on 18 June 2021 and the Risk Register had been updated on 25 June, the missing part was that the proposed new risk had not been re-cast and when that did come to this committee, the other risk could then be closed down with the new one to take it's place.

The Deputy Director of Nursing and Quality assured IAGC members that the Q&PC now have risk as a standing agenda item along with an associated paper that highlights any risks that needed to be reviewed specifically.

The Chair welcomed this and asked the Corporate Affairs Manager to remind the people who set the agendas for all the Board Committees that they need to be reviewing their own risks at every meeting.

IAGC members were content with the following proposed risk reductions:

- Risk 957 had a reduced risk rating from a high risk 12 to a high risk 8.
- Risk 960 ha a reduced risk rating from a high risk 10 to a high risk 8.

Risk 962 and Risk 927 would remain on the Risk Register until the new risks had been re-cast. The re-cast risks would be brought to the IAGC in September 2021 as discussed.

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 members requested that Risk 962 and Risk 927 remain on the Risk Register until the new risks had been re-cast. The Re-cast risks would be brought to the IAGC in September

Resolved:

(a)	The continued work to monitor and update the risks on the Risk Register was noted;
(b)	Risk 957 had a reduced risk rating from a high risk 12 to a high risk 8
(c)	Risk 960 had a reduced risk rating from a high risk 10 to a high risk 8
(d)	Risk 962 and Risk 927 would remain on the Risk Register until the new risks had been re-cast
(e)	The Re-cast risks would be brought to the IAGC in September
(e)	The Corporate Affairs Manager was asked to remind the people who set the agendas for all the Board Committees that they needed to be reviewing their own risks at every meeting.

9.3 BOARD ASSURANCE FRAMEWORK 2021-22

The Associate Director of Corporate Affairs reported that at the last Board meeting the 9 Strategic Objectives for 2021/22 had been agreed along with the provisional outcome measures across these; work had then taken place with the Senior Leadership Team, as in previous years, to identify the initial primary risks associated with the strategic objectives. 11 primary risks had been identified; however, as the BAF continued to develop and evolve throughout the year, it was anticipated that there would be more risks emerging.

Members were taken through a short presentation which comprised of a summary of the 9 Strategic Objectives followed by a separate slide for each Strategic Objective which detailed: Outcomes, Risk(s), Impact x likelihood, Controls and Internal/External Assurances which had been extracted from the full BAF in order to seek members input, comments, challenge and in particular in terms of next steps.

Strategic Objective 1 - Influence at a system level the transition to ICS, as well as effective operating arrangements for the Hull Place and clinical leadership within Hull

Outcomes:

- A revised operating model for planning and decision-making across ICS and Humber, with clearly defined delegated functions, roles and responsibilities
- System-wide 2021/22 financial framework developed and agreed.
- We will have developed through collaboration with other CCGs and emerging provider collaboratives agreed accountability frameworks

Primary risk: Degree of uncertainty around the timing of the progression of the act through Parliament, leading to the risk of a hiatus in the progression of the implementation which could lead to continuing to maintain the existing statutory arrangements for CCGs as well as operate the new arrangements for ICSs in shadow form or extended shadow form – high risk rating of 12

Controls: There was an extensive transitional plan and programme arrangements to progress the move to the new ICS system together with mitigations and steps to manage the process.

Internal/External Assurances: Interim ICS and Humber governance arrangements and on-going work with the local authority to take forward the Place planning arrangements.

Jason Stamp felt that the act would be published in Parliament and there would not be the delay anticipated and there was a general feeling that any amendments would be made through Parliamentary process. He questioned whether one of the risks around this was the potential disruption in terms of people which could de-stabilise the system. The Associate Director of Corporate Affairs duly noted this and advised that this was picked up further on in terms of people becoming disenfranchised with the process, but it could also be included here if it was felt necessary.

Strategic Objective 2 - Facilitate strategic Humber-wide planning and transformation, focusing on quality outcomes and patient experience as the catalysts for clinically-led change

Outcomes:

- The formal establishment and functioning in-year of the shadow ICS arrangements at the Humber level
- To be able to evidence contribution to the integrated approach to quality improvement and assurance both at full ICS, and importantly at Humber level.
- Ensuring that we are able to evidence how patient and public views and thoughts contribute to the integrated commissioning process.

Primary risk: Loss of focus on quality and patient outcomes during transition from CCG to formal ICS/Place arrangements – high risk rating of 12

Controls and Internal/External Assurances: There were a lot of mitigations in place as reflected in the controls and Internal/External Assurances and there was still a lot of work to do so that members could be reassured that the focus remains, during the transition and beyond, on quality and patient experience and engagement.

The Deputy Director of Nursing and Quality provided assurance that the quality surveillance process that was currently in place across the System, chaired by NHSE/I, would continue during this period of time. We would still be reporting from a surveillance level but also there was a collaborative high-level oversight meeting that would continue. Quality assurance and quality improvement would change going forward and would be more based on the pathway across multiple providers and a lot of work had been done in the quality team to map both the quality assurance frameworks and mechanisms by which we report, escalate and provide surveillance and this work was on-going. It was still not clear, at this time, what would be at Place and what would be at ICS in terms of the way in which some of this would be configured, but this would be worked through over the course of the coming months.

Strategic Objective 3 - Support the delivery of the priorities set out in the operational planning guidance, NHS Long Term Plan and the White Paper.

Outcomes:

- Completion of the commissioning transition in relation to functions and people to shadow Place arrangements
- Models for decision-making within Place developed, which would closely tie in with the ICS operating arrangements
- Primary Care will be fully embedded and a major strategic partner within Place planning arrangements

Primary risk: Poor patient care / experience and low staff morale through failure to deliver NHS transformation priorities – this may need to be expanded to include: “during this period of uncertainty further key staff may move on” There were a number of mitigations in relation to this, e.g. an extensive staff engagement process and communications plan, staff briefings and open discussions on line with presentations about how the various portfolio leads are working through the planning assumptions with the continued focus on staff supporting Place arrangements wherever possible and building from the bottom up – risk rating of 8

Jason Stamp agreed that the previous strategic objective was about functions whereas this one was about services and he felt that one of the risks that would need to be addressed was around being clear what would happen with contracts from 1

April 2022. Services would continue but there was a risk around the mechanics of the business which would need to be resolved.

The Deputy Chief Finance Officer advised that he sat on the regional workstream for financial transition to the ICS and he also chaired a local group for the H,C&V where all the financial arrangements, debtors/creditors, legacy balances on the balance sheets as well as contracts were covered and there was a sub-group purely looking at contracting.

The Associate Director of Corporate Affairs would reflect contractual arrangements and would also need to include reference to all legacy work that was going on and the development of a move to consistent policies would also need to be reflected.

Strategic Objective 4 - Work in partnership with Hull City Council and others to implement a population driven approach to improving health outcomes and reduce health inequalities

Outcomes:

- Delivery of Health & Wellbeing Board and Hull Place-based Board Strategies
- Delivery of the Integrated Financial Plan
- Development of strategies and services to narrow the health inequality gap and co-create models of care based on improving safety, patient experience and outcomes will have been developed as part of the CCGs work at the HWBB
- To ensure we take collective responsibility for delivering services within budgets and allocations

Primary risk: The most disadvantaged locally continue to experience the poorest health, further exacerbated by the disproportionate impact of COVID on these communities – extreme risk rating of 20

Controls:

- HWBB work programme focussed on health inequalities
- Clinical leadership support work
- Vaccines Inequalities Group

Jason Stamp stated that we had always had health inequalities in Hull and Covid had increased health inequalities in our population health for other groups. Pressure in the system around waiting lists would mean that the gap would widen and more people would experience health inequalities because they were not able to be seen and one of the controls for this would have to be the Place Board. The Associate Director of Corporate Affairs agreed and the Internal/External Assurances would be expanded to include Place arrangements moving forward.

The Chair stated that there was no delegated authority to take a decision in any of the controls, and agreed that it was critical that the Place Board was included.

The Deputy Director of Nursing and Quality advised that James Crick had produced a paper on the learning from Covid; the vaccine programme was a good example of this – people do not always come forward and part of the plan was going out to people and this learning would need to be carried forward when looking at service provision for the future and taking into consideration some of those behaviours, lifestyles and ways in which people access services.

Jason stamp stated that, in relation to a lead for population health management, there was a clear role for PCNs. Support being offered to PCNs would need to be referenced and also whether PCNs had the capacity and the capability to do what they were being asked to do.

The Chair proposed that, due to time constraints, the Associate Director of Corporate Affairs should continue to work through his slides, but comments and questions would be kept to a minimum and to continue outside of the meeting with anything that it was felt needed to be added. The Associate Director of Corporate Affairs would circulate the presentation to members following the meeting in order that any specific comments could be added.

Strategic Objective 5 - Maintain accountability for commissioning health services to meet the reasonable health needs of the people of Hull, but targeting in particular the most disadvantaged in local communities

Outcomes:

- Achievement of NHS Constitution targets
- Reduction in growth in demand by commissioning for integration and prevention
- We will have evidence that patient and public views have contributed to the planning and delivery of new services

Primary risk: Inequalities gap between the best and worst patient outcomes widens in the city, particularly in relation to the NHS constitution targets, waiting lists, etc. – high risk rating of 15.

Controls:

- HWBB work programme focussed on health inequalities
- Clinical leadership support work
- Vaccines Inequalities Group

Strategic Objective 6 – Development of an agreed out of hospital strategy for Hull, supporting local Primary Care Networks to determine models for transition to integrated provision, as well as a new clinical leadership model which increases the emphasis of primary care at all levels of the system

Outcomes:

- Integrated primary- care led out of hospital model in operation
- The CCG will have facilitated the establishment of the provider collaboratives
- The CCG will have worked with local partners and the ICS to develop a clear clinical leadership model

Primary risk: Stagnation in primary care development / poor patient outcomes as a result of PCNs/clinical leaders feeling disengaged from the transition to the new ICS / Place arrangements – risk rating of 12.

Controls:

- Out of Hospital Programme
- LA / CCG / PCN leaders engagement programme
- LMC-facilitated PCN collaborative programme

Strategic Objective 7 – Focus on care and services for children in Hull, improving performance against statutory responsibilities and achieve better outcomes as measured by experience and engagement

Outcomes:

- Through comprehensive and collaborative engagement with key stakeholders including children, young people and their families, understand the post-covid inequalities for children and young people in Hull (including those placed out of area) to inform service planning and delivery from 2022.
- Delivery of the SEND Accelerated Progress Plan to the satisfaction of the Department for Education
- Delivery of the integrated multi-agency framework as set out in the Hull Corporate Parenting Strategy that will improve outcomes for children who are looked after and care leavers

Primary risk: Poor outcomes for children requiring health education and care plans experience for users - extreme risk rating of 20 which reflected both the current risk and the significance of this agenda moving forward

Controls:

- Planning and Commissioning Committee work programme
- Quality and Performance Committee work programme
- SEND Accelerated Progress Plan
- Joint work with LA and ongoing engagement with CYP and their families

Strategic Objective 8 – Delivery of Statutory Duties

Members were advised that this was a direct read-across from previous years and was also a reflection of the fact that the CCG was a statutory body until 31 March 2022 and we would need to keep an important close eye on the following 'must dos':

Outcomes:

- Approval of unqualified annual accounts and positive VFM assessment at year-end
- Positive Value for Money assessment
- Unqualified Head of Internal Audit Opinion
- Achievement of the requirements of Section 14Z2 of the Health and Social Care Act 2012 and the Equality Act 2010

Risk(s):

- System-wide performance ratings resulting in reliance on others to perform
- System-wide performance ratings resulting in reliance on others to perform
- Year on year financial challenge environment and sustained saving requirements - risk rating of 16

Strategic Objective 9 – Maintain support for the effective local planning and response to the Coronavirus Pandemic, ensuring that positive innovations are retained, improved and generalised

Outcomes:

- We will have delivered an effective ongoing CCG response to the coronavirus pandemic, including steps to maximise the safety of staff and the local population

- Support to the continuation of the vaccine roll-out programme will be timely, comprehensive, responsive and effective; and deemed as such by providers and partners
- Patients at greatest clinical risk in secondary and community care environments are prioritised and supported by the CCG; providing system support to the operational recovery programme of work

Primary risk: Failure to minimise ongoing impact and deaths as a result of the virus – risk rating of 12

The Associate Director of Corporate Affairs acknowledged that the last few objectives had been a little rushed and advised that he would be happy to take any immediate thoughts now if there was anything that people felt was missing in terms of risks or alternatively would be happy to pick up any comments outside of the meeting and input those to the on-going BAF.

Jason Stamp stated that he felt the last objectives had been really well developed; with regard to Strategic Objective 6, which was about pathways, he commented that the biggest risk would be around managing new relationships and trying to integrate primary care, secondary care, mental health and community services into a single pathway approach. The Chair advised that the Pathway Review Group was starting to work in a more collaborative manner.

Assurance:

The Board can be assured that the IAGC have been briefed on the 9 strategic objectives for the CCG for 2021/22, along with the outcome measures across each of the strategic objectives and the current primary risks identified.

IAGC Members were provided with the opportunity to comment on these and to provide any thoughts in terms of additional risks, assurances and next steps for inclusion on the on-going BAF.

Resolved:

(a)	IAGC Members noted the summary provided on the 9 Strategic Objectives which had been extracted from the full BAF in order to seek members input, comments, challenge and in particular in terms of next steps.
(b)	IAGC Members were requested to provide the Associate Director of Corporate Affairs with any comments they may have, or thoughts in terms of additional risks to be included, outside of the meeting for input into the on-going BAF

9.4 FREEDOM OF INFORMATION REQUESTS Q4 AND YEAR-END REPORT

The Associate Director of Corporate Affairs presented the Freedom of Information (FOI) Q4 and Year End Report for information. The report provided an update on the current position of FOI requests made to NHS Hull CCG for Quarter 1 from 1 January 2021 to 31 March 2021 and the Annual Year End report from 1 April 2020 to 31 March 2021.

The following points were highlighted:

The FOI team continued to meet 100% response rate within the statutory 20 day timeframe.

Included within the report were details of a small number of instances where exemptions had been applied to requests that we had received. The majority of requests asked for had been disclosed in full, there a been a small number of instances within the quarter where one or more exemptions had been applied. Those exemptions can include re-directing the enquirer elsewhere or it can also be re-directing the enquirer to where the information is already publicly available.

The vast majority of people requesting the information comprised of either an individual member of the public or a corporate company and our publication scheme continued to be refined so that increasingly we were able to point people to what was already available on line through the CCG website and other sources so that it minimised the time on staff to recover the information that was being asked for.

The Associate Director of Corporate Affairs stated that it was testament to the FOI team and the CCG staff that we continued to maintain such high standards.

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 January 2021 to 31 March 2021 there had been no missed requests and all requests processed in year 2020/2021 had been completed well within the statutory 20 working day deadline. It was testament to the FOI team and the CCG staff that we continued to maintain such high standards.

Resolved:

(a)	IAGC Members noted the contents of the Freedom of Information Requests for Q4 2020/21 from 1 January to 31 March 2021 and the Annual Year End report from 1 April 2020 to 31 March 2021.
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9.5 CLAIMS REPORT

The Associate Director of Corporate Affairs advised that there were no claims to report.

9.6 INDIVIDUAL FUNDING REQUESTS ANNUAL REPORT 2020/21

A copy of the Individual Funding Request (IFR) Annual Report 2020/21 had been circulated to members.

The purpose of the report was to provide NHS Hull Clinical Commissioning Group (CCG) with assurance and information regarding activity and performance of the commissioned Individual Funding Request (IFR) Service for the financial year (1 April 2020 – 31 March 2021) and the range of cases considered through the IFR process. North of England Commissioning Support (NECS) provided the IFR Service on behalf of NHS Hull Clinical Commissioning Group.

Members were advised that the IFR Annual Report was for approval by the IAGC; however, as stated in the cover report, there were a number of points of accuracy that needed to be addressed. The Chair proposed that the committee consider the report, bearing in mind that there were some inaccuracies and amendments that would need to be made and, if the Committee were in agreement, for herself, as part of the IFR Panel, to approve the report through that route as soon as the amendments had been made – IAGC members approved this approach and delegated the approval in this respect.

The Chair advised that IFR had proved quite difficult on-line and referrals had gone down for IFR as a result of the pandemic and accessing primary care. No applications for appeals to the process had been received in the last year.

It was agreed the IFR Annual Report would be submitted to the IFR Panel with the comments from the Q&PC, and acknowledgement of those comments from this committee and a referral would be made into the September IAGC agenda to confirm if it had been approved or not in order for this to be formally minuted.

Assurance:

The Board can be assured that the IAGC had considered the Individual Funding Request (IFR) Annual Report 2020/21 in its current form; however, as there were still a number of points of accuracy and amendments that needed to be addressed within the report IAGC members delegated approval of the final IFR Annual Report 2020/21 to the IAGC Chair as part of the IFR Panel and reference would be made at the September IAGC meeting to confirm if the IFR Annual Report had been approved or not in order for this to be formally minuted.

Resolved:

(a)	IAGC members noted the contents of the IFR Annual Report 2020/21 and acknowledged that there were some inaccuracies and amendments that would need to be made prior to submission of the final Annual Report to the IFR Panel;
(b)	IAGC members delegated approval of the final IFR Annual Report 2020/21 to the IAGC Chair as part of the IFR Panel, and
(c)	A referral would be made into the September IAGC agenda to confirm if the IFR Annual Report had been approved or not in order for this to be formally minuted.

9.7 NHS HULL CCG HEALTH, SAFETY AND SECURITY ANNUAL REPORT 2020/21

The Deputy Director of Nursing and Quality presented the Health, Safety and Security Annual Report 2020/21 for noting. The annual report had been reviewed and signed off by the Health and Safety Group previously and provided assurance around the processes that were being followed and also the CCG's key areas of duty with regard to fulfilling its' responsibilities under the Health and Safety at Work Act 1974.

Members were advised that the Health and Safety Group had a core remit in terms of duties and responsibilities throughout the year, although this had significantly changed and been added to in light of Covid; both in terms of work in relation to the environmental risk assessments of the offices and the support in place in terms of the employer and risk assessments and personal plans for staff, and also the health and well-being offer and organisational development around enabling staff to work effectively outside of the office, supported by IT. All areas of work that had needed to be progressed in light of the pandemic had been achieved successfully and there were no outstanding actions in relation to the risk assessments. This work would continue to progress in light of any further government guidance.

Assurance:

The Board can be assured in respect of the current position of the organisation in relation to its Health, Safety and Security compliance and activity in working in accordance with the legislation of the Health and Safety at Work Act 1974. The Covid-19 pandemic had brought about a requirement for additional health and safety measures to be in place and all areas of work that had needed to be progressed in light of the pandemic had been achieved successfully and there were no outstanding actions in relation to the risk assessments. This work would continue to progress in light of any further government guidance.

Resolved:

(a)	IAGC members noted the contents of the NHS Hull CCG Health, Safety and Security Annual Report 2020/21
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9.8 RESEARCH AND DEVELOPMENT ANNUAL REPORT 2020/21

The Deputy Director of Nursing and Quality presented the Research and Development Annual Report 2020/21 for noting. Members were advised that both the annual report and the outcomes of some of the research that had been done in Hull had been comprehensively reviewed by the Q&PC.

Assurance:

The Board can be assured by the continued commitment to Research and Development and both the COVID 19 response and the non – COVID development work that has been progressed in 2020-21

Resolved:

(a)	IAGC members noted the contents of the Research and Development Annual Report 2020/21
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9.9 REVIEW OF THE CCG'S EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE TO THE NATIONAL EMERGENCY 2020/21 RELATING TO THE COVID 19 PANDEMIC

The Chair advised that she had requested that this report be produced for the IAGC due to the lack of any action notes to this committee, as a result of the Joint EPRR/BCM Group not meeting in its' pre-Covid way due to the Covid pandemic which had necessitated a need to work differently.

The report, produced by Karen Ellis, Deputy Director of Commissioning, provided members with an overview of the activity that had taken place throughout the pandemic as a result of the work of this group. The group had worked very hard, along with system partners, to manage through the pandemic and the report provided assurance of that activity.

The Associate Director of Corporate Affairs advised that Board members had received regular briefings in order to gain insight into some of the detail of the work that had been done. He stated that the move to major incident arrangements and the huge amount of work involved in making sure that everything needed was covered, was credit to the organisation.

The Deputy Director of Nursing and Quality stated that this was from an emergency response and was complemented by the work that the Q&PC maintain oversight on in relation to trying to maintain as much business continuity and quality outcomes for patients as possible. The legacy of Covid and planning for Covid in an ICS was being looked at.

IAGC members noted the contents of the report and were assured by the activity that had taken place by the Joint EPRR/BCM Group, in light of the lack of any action notes.

The Chair wished to express her thanks, on behalf of the committee, to Karen Ellis and everyone involved in this work which had been a real team effort both locally and nationally.

Assurance:

The Board can be assured by the activity that had taken place throughout the pandemic as a result of the work of the Joint EPRR/BCM Group. The group had worked very hard, along with system partners, to manage through the pandemic. The move to major incident arrangements and the huge amount of work involved in making sure that everything needed was covered, was credit to the organisation.

Resolved:

(a)	The IAGC noted the contents of a report which provided a review of the CCG's emergency preparedness, resilience and response to the national emergency 2020/21 relating to the Covid 19 pandemic, and
(b)	IAGC members were assured by the activity that had taken place by the Joint EPRR/BCM Group

9.10 TERMS OF REFERENCE OF THE BOARD COMMITTEES AND OTHER RELEVANT GROUPS/SUB COMMITTEES

The Chair advised that a decision had been taken to move this agenda item to the September IAGC Meeting.

The Associate Director or Corporate Affairs advised members that, consistent with the explicit guidance received from NHSE, the CCG's constitution had been recently updated and approved by NHSE. NHSE had clearly articulated to all CCGs that, as we were moving into the last 9 months of operation, they were not anticipating any further requests for changes to be made unless they were unavoidably business critical. The expectation was that there would not be any changes to Committee terms of reference.

9.11 POLICIES

No policies had been submitted to this meeting.

9.12 HEALTH, SAFETY AND SECURITY GROUP ACTION NOTES – the action notes of the meeting held on 10 June 2021 were noted.

9.13 QUALITY AND PERFORMANCE COMMITTEE MINUTES – the minutes of the meeting held on 9 April 2021 were noted.

- 9.14 PRIMARY CARE COMMISSIONING COMMITTEE MINUTES** – the minutes of the meeting held on 23 April 2021 were noted.
- 9.15 PRIMARY CARE QUALITY AND PERFORMANCE SUB-COMMITTEE MINUTES** - the minutes of Parts 1 and 2 of the meeting held on 31 March 2021 were noted.
- 9.16 PLANNING AND COMMISSIONING COMMITTEE MINUTES** - the minutes of the meetings held on 5 March 2021 and 7 May 2021 were noted.

In relation to the minutes of 5 March 2021 which stated that '*The meeting was not quorate and the Chair would have final approval after the request had been completed*', the Chair sought clarity around this.

The Associate Director of Corporate Affairs stated that his understanding was that confirmation would be sought from other members outside of the meeting that whatever decisions were made would be confirmed and subsequently ratified by the Chair but advised that he would follow this up.

An inaccuracy in the minutes was also noted under item 6.3a – ICOB/CIC General update – the Chair advised that the Hull SEND Strategy 2021-2024 had not been approved until the CIC meeting on the 30 June 2021.

It was also noted that there had been no Risk Register on the agenda for the meeting held on 7 May 2021

Resolved:

(a)	The Associate Director of Corporate Affairs was asked to pick up the following actions from the P&CC minutes:
(b)	to follow up that any decisions made at the meeting held on 5 March 2021, which had not been quorate, had been confirmed and subsequently ratified by the Chair;
(c)	to ensure that the inaccuracy in the minutes of the meeting held of 5 March 2021 under item 6.3a was corrected as the Hull SEND Strategy 2021-2024 had not been approved until the CIC meeting on the 30 June 2021, and
(d)	to ensure that the Risk Register was on the agenda of every meeting

- 9.17 COMMITTEES IN COMMON MINUTES** – the minutes of the meeting held on 28 April 2021 were noted.
- 9.18 INFORMATION GOVERNANCE STEERING GROUP ACTION NOTES** - the action notes of the meeting held on 5 May 2021 were noted.

10. GENERAL

10.1 REVIEW OF INTEGRATED AUDIT AND GOVERNANCE COMMITTEE WORKPLAN 2021-2022

The IAGC workplan for 2021-2022 had been circulated for consideration. It was noted that at the moment there were no additions to this workplan but should anything become apparent in-year, discussions would be held with Internal Audit.

Jason Stamp queried, in relation to transition, functions and legacy, where the assurance and sign off would sit that the CCG had robust plans and processes in place. The Chair stated that the IAGC assured the Board that effective systems and processes were in place, but ultimately it was the Board's responsibility. The

Associate Director of Corporate Affairs agreed and stated that the detail and the first level assurance would need to be gained from the IAGC and the committee would then advise the Board as to whether they were satisfied, or if they had any concerns. The Board would then have the oversight and overview. It was agreed that this would need to be flagged on the Workplan from September 2021 onwards as a standing item on the agenda for the IAGC to receive a brief overview on assurance with regard to close-down and transition.

Assurance:

The Board can be assured that the IAGC will receive regular updates with regard to progress and systems and processes in place in relation to close-down and transition.

Resolved:

(a)	In order for the IAGC to be assured with regard to the systems and processes in place in relation to transition, functions and legacy a standing agenda item would be added to the IAGC workplan with effect from September 2021 for the Committee to receive a regular assurance update in relation to close-down and transition
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10.2 REVIEW OF IAGC TERMS OF REFERENCE

A review of the IAGC Terms of Reference had been deferred to the next IAGC meeting to be held on 7 September 2021

10.3 IAGC CHAIR'S ANNUAL REPORT 2020/21

A copy of the IAGC Chair's Annual Report 2020/21 had been circulated for noting.

Resolved:

(a)	IAGC members noted the contents of the IAGC Chair's Annual Report 2020/21
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10.4 ANY OTHER BUSINESS

The Chair advised that there had been changes within the Medicines Management team at NECS. Clare Grantham had picked up the Rebate Schemes and had realised that two were due for renewal. In order to avoid going through the contract process again the Chair had agreed to a virtual recommendation from the Planning and Commissioning Committee (P&CC) for the two following scheme renewals, both of which had been initiated on 8 May 2018.

The P&CC had noted and endorsed the renewal of these contracts virtually on 5 July 2021 and had recommended that the IAGC approve the following rebate agreements renewals for:

10.4i Rebate Agreement Renewal for Apidra 2021

10.4ii Rebate Agreement Renewal for Insuman 2021

Assurance:

The Board can be assured that, following the endorsement of the Planning and Commissioning Committee, the Integrated and Audit Committee approved the renewal of rebate agreements for Apidra 2021, and Insuman 2021.

Resolved:

(a)	On the recommendation of the P&CC, the IAGC formally approved the Rebate Agreement Renewals for Apidra and Insuman 2021.
(b)	The Medicines Management team would be requested to provide both the Planning and Commissioning Committee and the Integrated Audit and Governance Committee with a schedule detailing all the Primary Care Rebate Schemes in place for Hull CCG along with their expiry dates in order that these could be included on the respective agendas to enable supporting paperwork be provided in a timely manner to allow for due consideration.

10.5 DATE AND TIME OF NEXT MEETING

The next meeting of the IAGC would be held on **Tuesday 7 September 2021** at 9.00am at which time there will be an opportunity for a pre-meet with the auditors from 8.30-9.00am for members only.



Signed:

Chair of the Integrated Audit and Governance Committee

Date: 7 September 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
CFFSR	Counter Fraud Functional Standards Return
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
EPRR/BCM	Emergency Preparedness Resilience and Response Business Continuity Management
ERY CCG	East Riding of Yorkshire CCG
FoI	Freedom of Information
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