

INTEGRATED AUDIT AND GOVERNANCE COMMITTEE

**MINUTES OF THE MEETING HELD ON 11 JANUARY 2022 AT 9.00AM
In the Boardroom at Wilberforce Court and 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
Chris Denman, Head of Funded Nursing Care (*for item 9.6*)
Pam Heaford, Personal Assistant, NHS Hull CCG (*Minute Taker*)
Mark Kirkham, Mazars (External Auditors)
Michela Littlewood, Interim Deputy Director of Nursing & Quality Hull CCG
Michelle Longden, Corporate Affairs Manager (*from item 9*)
Mike Napier, Associate Director of Corporate Affairs, NHS Hull CCG
Emma Sayner, Chief Finance Officer, NHS Hull CCG
Rob Walker, Mazars (External Auditors)

1. APOLOGIES FOR ABSENCE AND INTRODUCTIONS

Apologies for absence had been received from:
Deborah Lowe, Acting Director of Nursing and Quality, NHS Hull CCG,
Steve Moss, Head of Anti-Crime Services, Audit Yorkshire, and
Danny Storr, Deputy Chief Finance Officer, NHS Hull CCG

Michaela Littlewood, Interim Deputy Director of Nursing and Quality, deputising for Deborah Lowe, was welcomed to the meeting and introductions were made.

2. MINUTES OF THE PREVIOUS IAGC MEETING HELD ON 9 NOVEMBER 2021

The minutes of the Integrated Audit and Governance Committee (IAGC) meeting held on 9 November 2021 were submitted for approval. It was agreed that these were a true and accurate record of the meeting.

Resolved:

(a)	IAGC members approved the minutes of the meeting held on 9 November 2021 as a true and accurate and these would be signed by the Chair.
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3. MATTERS ARISING

3.1 ACTION LIST

The Action List from the meeting held on 9 November 2021 was presented for information and noting.

The risk actions would be picked up later in the meeting under the Risk Register update.

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.

There were no matters of any other business to be discussed at this meeting.

Resolved:

(a)	There were no matters of any other business to be discussed 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		Declared a Financial Interest in his role as Senior Responsible Officer for the Voluntary Sector Leadership Programme within the Humber Coast and Vale ICS. There were no decisions required to be made at this meeting relating to the ICS and therefore no further action was required to be taken and the declaration was duly noted.

Resolved:

(a)	The above declaration of interest was noted. No further action was required to be taken.
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6. **EXTERNAL AUDIT**

6.1 **EXTERNAL AUDIT REPORT**

Mark Kirkham, Mazars, presented the External Audit Progress Report for information and the following update was provided:

Initial planning for the audit of the Annual Accounts 2021/22, as set out in the Audit Strategy Memorandum, had commenced.

Details of relevant national publications had been provided for information.

Members were made aware of a Sanction against Mazars, published by the Financial Reporting Council (FRC), in relation to non-compliance with the Regulatory Framework for Auditing in its audit of a local government authority's 2019 financial statements. IAGC members were assured that the audit had not been carried out by any of the engagement team reporting to Mark Kirkham and had taken place in a different region. The Chair thanked Mark Kirkham for bringing this to the committee's attention and stated that she felt assured with the work that the external audit team were doing for Hull CCG.

With regard to work commencing on financial close-down for the CCG, the Chair advised that she had spoken briefly with the Associate Director of Corporate Affairs in relation to how this would be managed and asked members to give some thought to looking at the possibility of doing a joint close-down with East Riding of Yorkshire and North Lincolnshire CCGs and going through the process once across the three CCGs in an attempt to reduce the amount of work required and make best use of the capacity and resource available. As a consequence of the launch of the ICS being delayed until July 2022, the CCG would now be able to see the close-down of its financial year. It was proposed that discussions take place between now and the next IAGC meeting with a view to decisions being made before the March meeting in terms of the workload for people involved.

The Chief Finance Officer was fully supportive of this approach and stated that, following the issues around mutual aid that had already been divided between the organisations, this would be a natural step to try and streamline as much as possible between the CCGs and do something once wherever possible. She advised that both herself, Michela Littlewood and Mike Napier in their respective roles and portfolios would take this forward and report back in due course.

The Associate Director of Corporate Affairs was also fully supportive of the proposed approach and stated that the planning guidance referred to collaboration between CCGs and advised that the substantive executives at the ICB were keen to see streamlining refinement and as efficient approach to this as possible. He stated that as the CCG remained a statutory body, there was only so much that could be co-ordinated collectively and they would look to adopt a singular consistent approach to the year-end work, i.e., annual governance statements, annual reports etc. In addition, a level of resilience would need to be built into any collaborative arrangements that were set up between now and the end of this financial year, in order for these to be sustained should this be required.

Jason Stamp was also in agreement with the proposed closedown arrangements and working collaboratively where possible and questioned where the CCG would report to. The Associate Director of Corporate Affairs advised that whilst the CCG remained a statutory body our formal mechanisms for reporting and accountability would be the same as it had always been. Further guidance was expected from NHS England later this week about the consequences of the delay in the go live date in terms of the scheduled timetable. He further reported that a number of the issues raised would be covered by the due diligence.

Rob Walker advised that the external auditors would work collaboratively to try and achieve economies of scale in certain aspects of the work between the different organisations. Mark Kirkham confirmed that, in terms of transition and organisational change, the auditing standards would not change and they would be carrying out procedures to the full range and depth whilst the CCG continued to exist.

Assurance:

The Board can be assured that initial planning in relation to the Annual Accounts 2021/22 had commenced. With regard to the close-down arrangements, it was proposed that a singular consistent approach to the year-end work be adopted and working collaboratively across the three Humber CCGs wherever possible.

Resolved:

(a)	IAGC members noted the External Audit Progress Report and the update provided;
(b)	IAGC members supported the proposed approach to collaborative working across the three CCGs and adopting a singular consistent approach to the year-end work wherever possible;
(b)	Further discussion would take place outside of the meeting in relation to financial closedown and collaboration with a view to a decision being made before the March IAGC meeting

7. INTERNAL AUDIT

7.1 INTERNAL AUDIT PROGRESS REPORT

Kim Betts, Internal Audit Manager, Audit Yorkshire, presented the Internal Audit Progress Report to update the Committee on progress against the 2021/22 Internal Audit Plan and the following update was provided:

Work against the 2021/22 Internal Audit Plan, which comprised of work to be delivered in Quarters 3 and 4, was progressing well.

It was understood that the Data Security Protection Toolkit (DSPT) would not be audited in 2021/22 and it was agreed that the days that had been allocated to this would now be used to support the work towards transition to the ICS.

In relation to the Due Diligence Checklist, members were advised that internal audit had representation on a number of transition working groups as well as for the wider ICB and it was agreed that an update progress report to provide assurance that the Due Diligence Checklist was being completed would be brought to the next meeting.

An audit report which had been finalised since the last meeting on Conflicts of Interest had provided a high level of assurance, with one very minor recommendation. The committee noted the excellent work that Michelle Longden, Corporate Affairs Manager, continued to do in this area.

Assurance:

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

A final audit report on Conflicts of Interest had provided a High opinion.

The days which had been allocated to the Data Security Protection Toolkit (DSPT) which was not being audited in 2021/22 would now be used to support the work towards transition to the ICS.

Resolved:

(a)	IAGC members noted the progress made by Audit Yorkshire against the 2021/22 Internal Audit Plan;
(b)	A final audit report on Conflicts of Interest had provided a High level of assurance;
(c)	The days which had been allocated to the Data Security Protection Toolkit (DSPT) would now be used to support the work towards transition to the ICS and
(d)	An update progress report to provide assurance that the Due Diligence Checklist was being completed would be brought to the next meeting.

7.2 INTERNAL AUDIT RECOMMENDATION TRACKING REPORT

Kim Betts, Internal Audit Manager, Audit Yorkshire, presented the Internal Audit Recommendation Tracking Report which covered the period 15 December 2020 to 14 December 2021.

It was reported that there were currently no overdue recommendations.

The following three outstanding recommendations had missed their original target dates, for which revised target dates had been agreed. The valid reasons why these were overdue, and had been overdue for some time, were provided in the report.

	<u>Original Target</u>	<u>Revised Target</u>
• Continuing Healthcare	31/03/2020	31/01/2022
• Primary Care	31/03/2020	31/01/2022
• Partnership Working with Local Authority – ICOB ToR	31/12/2019	31/01/2022

The Chief Finance Officer was content with the updates provided on all the three recommendations but stated that, on reflection, the CCG should have closed down the outstanding recommendation relating to Partnership Working – ICOB ToR earlier as this was no longer relevant having been superseded by the ICS transition arrangements.

Resolved:

(a)	IAGC Members reviewed and noted the progress made on the implementation of agreed audit recommendations, and
(b)	noted the agreed revised target dates for the three outstanding recommendations.

7.2i BENCHMARKING OF INTERNAL AUDIT RECOMMENDATIONS

Kim Betts, Internal Audit Manager, Audit Yorkshire, presented a report on a benchmarking exercise that had been carried out across 11 Audit Yorkshire CCGs which had considered the Recommendation Status Reports presented to Audit Committees during the period September to November 2021.

It was reported that the results for Hull CCG were really positive and the three outstanding recommendations referred to in the previous agenda item were contained within the benchmarking report. There was one outlier in the report which members were advised was not a Humber Coast and Vale CCG.

The Internal Audit Manager stated that it was important for the CCG to be realistic about when an action was going to be achieved

Resolved:

(a)	IAGC Members noted the content of the Benchmarking Report of Internal Audit Recommendations
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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 report was taken as read and the following key areas were highlighted:

Since the last IAGC meeting, a lot of awareness work had been carried out and a number of Counter Fraud Alerts had been issued in order to keep up the momentum and ensure that anything that was found was shared with colleagues so that they were aware of the latest fraud scams. The staff Fraud Prevention Masterclasses continued to keep staff involved and informed.

The LCFS advised that, following on from Ian Goode's comment at the last meeting, she had looked at the National Learning Counter Fraud Module which was currently still up to date. It was proposed that a publicity drive be launched regarding this to remind not only new but existing staff that this was another tool which could be accessed to raise fraud awareness generally across all the different areas of fraud risk.

The NHSCFA Fraud Prevention Guidance Impact Assessment (FPGIA) return had been submitted prior to the closing date of 24 December 2021.

The National Fraud Initiative Exercise (NFI) data-matching review had been concluded and there had been no concerns raised on any of the creditor or payroll matches.

No new referrals had been received since the last meeting.

The focus of work from now until March 2022 would be year-end related, i.e: collation of the CCG's Counter Fraud Functional Standard Return (CFFSR) and completion of the CCG's Annual Counter Fraud Report

The Interim Deputy Director of Nursing & Quality and Chief Finance Officer welcomed the focus on making sure that not only new starters but existing staff were reminded of all the areas of potential fraud risk as we were moving into a period of uncertainty.

Assurance:

The Board can be assured by the amount of counter fraud awareness work that continued to take place to make new starters aware, and remind existing staff, of the many different areas of potential fraud risk

Resolved:

(a)	IAGC members duly noted the contents of the Counter Fraud Progress Report and the update provided.
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8. FINANCIAL GOVERNANCE

8.1 FINANCE REPORT

The Chief Finance Officer presented the Finance Report to update the committee on the CCGs 2021/22 financial position, as at the 30 November 2021 under the current temporary financial regime.

The report was taken as read and members were advised that this was a fairly stable part of the financial year in terms of the performance and in the context of the allocation for H2 that the CCG had received and there was confidence around delivery as we moved to the year-end.

The CCG had again experienced the receipt of multiple pots of money being made available to the service and keeping a handle on this continued to be challenging. Members were advised that, wherever possible, value for money and the use of resources checks were being carried out. Significant resources continued to be deployed to the Covid pandemic and these payments were being scrutinised carefully and this was reflected in the creditors section at the end of the report.

The continuing pressure that the service was experiencing, linked to Covid and as a result of the workforce challenges and current staff sickness and absence across the service, was causing significant pressure on delivery of both urgent and planned care. From a finance point of view it was being ensured that the cash was flowing to the front line, as had been the case all the way through the pandemic, so that the money did not become the barrier to any of this and this continued to be the case.

The Chief Finance Officer advised that planning for 2022/23 and beyond had commenced which, whilst continuing the roles of the CCGs and a move to the ICB and ICS and what that means and how that translates, was taking a lot of effort from herself and the wider team. Further technical guidance around this was expected this week.

Members were advised that the approach to CCG historical positions was one of the key features of the planning guidance in that if the ICB and ICS can deliver within the financial envelopes that are set for 2022/23 and 2023/24, any residual historical net deficit would be written off. For Humber and North Yorkshire the combined deficit for the ICS was just over £96m which would be written off at the end of that period if the system can live within its means during that period. The Chief Finance Officer had raised the fact that there was significant deficit in the North Yorkshire side of the patch but there was a big net surplus sitting with the Humber that came from the PCTs as the Health and Social Care Act 2012 was implemented, a proportion of which was

carried through to the CCGs and to average this out would potentially drive even greater health inequality within our Places and there was a need for further conversation about how we differentially invest and direct resource in a much more targeted way.

Further information would be coming through the IAGC and the Governing Body in the coming weeks around planning for 2022/23 and beyond.

The Interim Deputy Director of Nursing and Quality stated that, because staffing was our biggest financial cost, there was a real risk that some of the innovations that the CCG had done in the past and wanted to do in the future sorting out population health management could get lost in trying to pay off a bigger deficit. The Chair also shared these concerns.

Another area of concern was the push to have a standardised, consistent approach in terms of Quality, Innovation, Productivity and Prevention (QIPP) mechanisms across the ICS moving forward as we were not all starting from the same places in terms of quality of services, needs of our population and work that had gone before, for example the work with the Voluntary Care Sector (VCS) and the wider determinants of health particularly in Hull. One of the key things we would need to do is log what we have achieved and how we have achieved it.

Jason Stamp commented that part of the CCGs challenge now, with an extension of three months, was to ensure we don't lose the legacy and memory and the good work we have done. He also questioned whether we need to recognise the difference between York, North Yorkshire and the Humber as they are very different populations and it was about how we use the resource in the System to get a better outcome.

Assurance:

The Board can be assured that at this stage in the financial year the CCG is forecasting that it will achieve financial balance for 2021/22 along with all other financial targets.

Significant resources continued to be deployed to the Covid pandemic and these payments were being scrutinised carefully.

Planning for 2022/23 and beyond had commenced and further technical guidance around this was awaited.

Resolved:

(a)	IAGC members considered the CCG's performance for the year to the 30 th of November 2021.
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8.2 LOSSES AND SPECIAL PAYMENTS

There were no losses or special payments to report.

Michelle Longden, Corporate Affairs Manager joined the meeting

9. GOVERNANCE

9.1 WAIVING OF PRIME FINANCIAL POLICIES

9.1i TENDER WAIVER

IAGC Members were presented with details of the following approved tender waiver for formally noting (the tender waiver had been approved virtually by IAGC members on 16 November 2021)

- Direct Award made to KPMG to facilitate a HCV Ignition Event/People and Workforce 5-Year Strategy to be held on 9 December 2021

Contract Value: £25,000 to be funded by the ICS
Contract Period: event to be held on 9 December 2021

The IAGC duly noted the above approved tender waiver for the event which had taken place on 9 December 2021

Assurance:

The Board are advised that the IAGC had formally noted the approved tender waiver in respect of a Direct Award made to KPMG to facilitate a HCV Ignition Event/People and Workforce 5-Year Strategy which had taken place on 9 December 2021

Resolved:

(a)	IAGC Members formally noted the approved tender waiver for a Direct Award made to KPMG to facilitate a HCV Ignition Event/People and Workforce 5-Year Strategy which had taken place on 9 December 2021
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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.

Current Risks on the Risk Register

There were currently 35 risks on the CCG Risk Register, 18 of which had a current risk rating of high or extreme and were therefore included within the report. 15 risks were rated as high risks and 4 risks as extreme.

Members were taken through the changes and updates that had been made to the Risk Register and the following areas were highlighted:

Risk 970 – this had been added as a new risk and reflected the discussion in the previous meeting around legacy transfer, loss of organisational memory during that process and the mitigations in place to manage this.

Jason Stamp expressed concern that this risk was not just about organisational memory, legacy and transition but also about how we would sustain quality in terms of the CCG's 'business as usual' functions for the next six months. The Associate Director of Corporate Affairs agreed that the increased demands being made on staff, coupled with uncertainty and a lack of clarity would also need to be factored in and he advised that the current concerns would be debated in the private part of the Hull CCG Board meeting on 28 January 2022, following which this risk would be updated and expanded to reflect the outcome of the discussions.

The Interim Deputy Director of Nursing and Quality provided an update on the following 3 risks in the grey area of the report:

Risk 927 – a meeting had taken place with Jo Raper (Infection, Prevention and Control Lead Nurse) and it was reported that we were now on track with the E-coli trajectory. The Chair had asked if this risk could be left on the Risk Register for now, and it was hoped that it would be taken off in the next couple of months if the position remained the same. Members were advised that another risk was going to be added which related to Klebsiella which would also be added to the ERoY CCG Risk Register.

Risk 962 – progress was being made in the area of Continuing Healthcare and a progress update report would be given later in today’s meeting, following which this risk would be updated.

Risk 911 – Staffing at Humber Foundation Trust. Staffing was a risk for all our providers for a number of reasons and formed a standing item on the quality agenda for every meeting. It was therefore proposed that a general risk be added for all our providers of staffing and members would be updated on how this was being monitored at the quality meetings.

Jason Stamp stated that this risk, which related to staffing across the system, could not remain high and had to be extreme as our biggest risk at the moment was around capacity and people and this needed to be reflected in the risk.

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.

With regard to new Risk 970 – Loss of capacity and organisational memory as staff leave roles at NHS Hull CCG, this risk would be updated and expanded following debate at the January Board meeting.

Risk 927 - the E-coli trajectory was now on track and it was hoped that this risk could be taken off the Risk Register in the next couple of months if the position remained the same.

Another risk was going to be added to the Risk Register which related to Klebsiella.

Risk 911 which related to staffing at Humber Foundation Trust had been closed and as staffing was a risk for all our providers, a general risk would be added for all our providers of staffing which would be monitored at Quality meetings.

Resolved:

(a)	The continued work to monitor and update the risks on the Risk Register was noted;
(b)	Risk 927 - the E-coli trajectory was now on track and it was hoped that this risk could be taken off the Risk Register in the next couple of months if the position remained the same Another risk was going to be added in relation to Klebsiella.
(b)	Risk 970 would be updated and expanded following debate in the private part of the Hull CCG Board meeting on 28 January 2022.
(c)	Risk 962 would be updated following the progress update report to this meeting

(d)	Risk 911 would be closed and a general risk would be added for all our providers of staffing.
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9.3 BOARD ASSURANCE FRAMEWORK 2021/22

The Associate Director of Corporate Affairs presented the latest version of the Board Assurance Framework (BAF) which contained the current position against the assessed risks to the CCG's 2021/22 strategic objectives. Comprehensive updates had been provided against each of the risk areas within the strategic objectives for information.

It was felt it would be of value to have a conversation at the January 2022 Board in terms of the CCG's approach to the first quarter of 2022/23 as the BAF was an annual cyclical process. The framework was normally maintained through to Q1 as a live document and refreshed in April/May with new strategic objectives and risks identified against these. It was anticipated that the CCG may wish to adopt a different approach for this year with early thought being given to a slimmed-down BAF.

The position on the BAF would be reviewed and what it would mean for the organisation moving forward and this would be brought to the next IAGC meeting in March for a decision to be made.

The Associate Director of Corporate Affairs briefed members on a conversation which had commenced around the ICS/ICB approach to risk and whether this was about the strategic objectives and vision of the ICB/ICS or the operational risks and how that then translates or sits at Place level. There was a real risk that we lose, through this transition, a grip at a granular level on what the key risks to the Place based vision and objectives are. Each Place would need to be able to support the assurance process and mitigations on behalf of the ICB but also maintain a really tight grip on its own risks within its own patch. There may be some common themes but there would also be a local level of intelligence and risk that we would need to appropriately account for.

Jason Stamp commented that, in relation to the Quality function, there would be a high level Quality function which would sit at an ICB level and there would still need to be some element of Quality function at a local level and stated that part of the transition had to be around the morphing of elements of what we do now into the new structure of the Place Based Board and questioned whether there was an opportunity to say that some of the principles around the BAF, the Risk Register and Quality were things that we need to be flagging at a development stage rather than when something had been established.

Assurance:

A Board level discussion would take place in terms of the CCG's approach to the BAF in the first quarter of 2022/23 and what it would mean for the organisation moving forward.

Resolved:

(a)	IAGC Members noted the update provided around the position of the BAF;
(b)	A Board level discussion would take place in terms of the CCG's approach to the BAF in the first quarter of 2022/23, and

(c)	The position on the BAF would be reviewed and what it would mean for the organisation moving forward and this would be brought to the next IAGC meeting in March for a decision to be made.
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9.4 ASSURANCE UPDATE IN RELATION TO CLOSE-DOWN AND TRANSITION

The Associate Director of Corporate Affairs reported that updated guidance was awaited from NHS England in relation to the revised timescales and the impact on CCG closedown and readiness for the ICB.

Members were advised that the process of recruitment to both the Senior Executive Team at the ICB and the non-executive posts was now live. Four of the executive posts had now been confirmed and two of the remaining three posts were out to advert and the deadlines had just passed. There was one residual post which was due out imminently. The deadline for the non-executive posts would close at midnight on 11 January 2022.

As part of the overall transition programme work, monthly submissions were being made on the due diligence data information. The pace of this work was being maintained so that, wherever possible, the formal documentation was being populated now in areas where we know it isn't going to change. The extra three months had created a greater degree of uncertainty in some of those areas that we were working to the financial year-end to do and the impact of this was still being worked through.

The Chair expressed her thanks to everyone for their efforts in this regard.

Assurance:

The Board can be assured that the IAGC continued to be provided with an update on the range of work that was gathering pace for both close-down and transition to the new organisation.

As part of the overall transition programme work monthly submissions were being made on the due diligence data information. Updated guidance was awaited from NHS England in relation to the revised timescales and the impact on CCG closedown and readiness for the ICB.

Resolved:

(a)	The verbal update on progress in relation to close down and transition was noted, and
(b)	Updated guidance was awaited from NHS England in relation to the revised timescales and the impact on CCG closedown and readiness for the ICB.

9.5 FREEDOM OF INFORMATION Q2 REPORT

The Associate Director of Corporate Affairs presented this report which provided IAGC members with an update on the current position and performance against Freedom of Information (Fol) requests made to NHS Hull CCG for Quarter Two 2021/22 covering the period from 1 July to 30 September 2021.

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

All the requests processed during the quarter had been completed within the statutory 20 working day deadline.

For the vast majority of the cases we either: disclosed in full, advised that we don't hold the information or give a partial disclosure and the report set out the instances where an exemption had been applied and the basis on which we have done so. It was reported that there had been a recent wave of people asking for personal data and where such an exemption had been applied it was very robustly legitimate.

The vast majority of enquiries were either corporate enquiries or from individual members of the public.

Discussion took place around where this function would sit in the new structure; the corporate responsibility for FoI requests would sit with the ICB as the new statutory body but this would be wholly dependent on the information supplied by Place because of the nature of the type of enquiries that were being made. This area would need to be managed carefully if the current reporting standards were going to be maintained.

In relation to the Requests by Category (Appendix One), Jason Stamp commented that the two main areas were Mental Health and Primary Care which reflected the pressures in the system. It was anticipated that, once the ICS had completed its recruitment process, there may be an increase in enquiries around salaries and appointments.

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 July to 30 September 2021 performance had remained extremely strong and there had been no missed requests and the CCG had been fully compliant with the 20-day response deadline.

Resolved:

(a)	IAGC members noted the contents of the Freedom of Information Requests Q2 Report
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9.6 CONTINUING HEALTHCARE UPDATE REPORT

The Head of Funded Nursing Care had produced a report to provide the IAGC with an update of progress made against the management actions identified as necessary to assure the CCG relationship with the Local Authority in the delivery of Continuing Healthcare (CHC) as prescribed by the Audit action plan implemented in November 2019.

The Interim Deputy Director of Nursing & Quality advised that, since the report had been written, it had been agreed that a Project Manager was needed to support this piece of work going forward. There was a requirement to transfer a number of staff from City Healthcare Partnership (CHCP) into the CCG, this would mean only moving those staff once. A meeting had been arranged for the 20 January 2022 with the Interim Chief Operating Officer and the Head of Performance and Programme Delivery to discuss appointing someone to do this work. A decision would now need to be made at SLT about when to transfer staff. Members were advised that the long-

term plan was for Continuing Healthcare to come into the CCG/ICS for the future as was the case within neighbouring CCGs.

Chris Denman, Head of Funded Nursing Care joined the meeting

The Head of Funded Nursing Care took members through the report and advised that the audit had originally been carried out in November 2019 which had highlighted a number of areas as requiring further scrutiny in terms of the process and he went on to provide an update on progress made against the required actions as follows:

Action 1 - There is no single agreed pathway process or SOP in place detailing the arrangement in place with the LA Social Care Team – who are currently delivering part of the CHC pathway.

Action 2 - There is no formal framework in place detailing the arrangement between the CCG and the LA with respect to the elements of the CHC pathway that are delivered by the Adult Social care Department.

Action 3 - There is no formal agreement in place with the Local Authority regarding delegated authority in relation to financial decision making for people assessed as eligible for CHC.

Members were advised that a piece of work had been undertaken in terms of Actions 1,2 and 3 between the Head of Funded Nursing Care and respective Heads of Service in the Local Authority. A draft Service Level Agreement (SLA) had been developed and within that was a Standard Operating Procedure (SOP) which consolidated the roles and responsibilities of staff from each organisation in terms of the relationship with the LA. There were some issues still to be considered and it was hoped that the SLA could be formally signed off within the next 2 weeks.

Action 3, a review of the Joint Working Forum (JWF) and Quality & Risk (Q&R) decision making panels had been undertaken – terms of reference (ToR) were in place for these panels which covered the funded elements and also considered proportion of service to meet eligible need, legal diligence, quality and safeguarding issues. The JWF had a cut off of between £500-£1,000/ week and the Q&R was a £1,000 plus, this was to ensure that there was appropriate diligence to cover both decision making processes. The LA facilitated these meetings which the Head of Funded Nursing Care attended on a weekly basis to provide diligence and assurance for the CCG in terms of decision making and commissioning intentions

There was also a Disability Short Break Panel for children, for which there was a joint arrangement with the LA and SEND, which considered all funding in relation to eligible Children and Young People across Health and Social Care in the local area.

Action 4 The CCG has in place Draft Terms of Reference (ToR) for the CHC eligibility panel

The ToR for the CHC Eligibility Panel had been approved by the Quality & Performance Committee in February 2020 and these were now due for review.

Action 5 On review of CHC operational activity a number of outstanding eligibility reviews had been outstanding some for up to 6 months

It was reported that there were still some outstanding reviews. Originally a cohort of reviews had been identified, a number of which had been resolved pre-pandemic;

however, as a consequence of the publication of the national Coronavirus Emergency Legislation on 23 March 2020 which required CHC teams to pause their work, the number of reviews had built up again. With the re-introduction of the national frameworks on the 1 September 2020 when emergency legislation was lifted there had been a move to try to work towards “business of usual”. The reviews that had been delayed for their initial eligibility assessments during the pandemic were prioritised first.

There were currently 73 outstanding reviews, these were being prioritised, a work schedule was in place and allocations had been made; however, this was being affected by the number of system pressures in terms of need of people coming through the system particularly from a discharge to assess point of view. The Head of NHS Funded Care continued to have oversight from a performance and management point of view.

Action 6 - Flaws had been identified in the current recharging processes between the LA and the CCG.

This had been a significant piece of work, the LA in 2019 had updated their electronic recording system which seemed to have had an impact in terms of the number of CHC funded service agreements being delayed in a particular cohort, these were being monitored

A piece of work had been completed with more detailed process, protocols and pathways to make sure clear; flowcharts were in place. Work had been done in terms of “hand offs” between all three organisations including the CCG in terms of funding. There was also a weekly escalation process for any outstanding funding issues. It was expected to have a final version of the protocol in the next two weeks which would be taken through both the joint decision-making processes and would come through SLT.

Jason Stamp expressed concern, whilst appreciating the huge amount of delay caused by Covid, that there was a lot of information around governance processes, meetings, reviews, drafts and sign off and, although a lot of work had been carried out and good progress had been made, there were 73 vulnerable people with CHC needs.

The Interim Deputy Director of Nursing & Quality commented that good progress had been made and the appointment of some dedicated Project Manager support would help move on some of this and the challenge now would be when to move people over from CHCP.

The Chair sought assurance that there was some form of address of the 73 people’s care needs whilst the bureaucracy continued. The Head of Funded Nursing Care advised, in terms of the operational oversight, that although there wasn’t the time capacity for those reviews to take place, these people were known and visible and were spoken to on a weekly basis. Processes were in place to escalate any issues to staff in the team or for them to pick anything up as an interim.

The Chief Finance Officer stated that the CCG had been keeping a close eye on the area of CHC for a number of years and felt that putting dedicated project support in would be really important. Looking at this differently, as long as we have assurance around the delivery of quality of care that is commissioned, we can conclude this

through the project work and making a decision about what we do with these functions would be critical.

The Chair acknowledged the progress made and requested that a further update be brought to the IAGC in May to identify progress relating to confidence in terms of where it would go and confirmation that those patients would get the services they need and that we would get value for money from the system.

Kim Betts, Internal Audit Manager, asked the Head of Funded Nursing Care if he could send her through some of the evidence he had spoken about as the original audit had been carried out by AuditOne, the CCGs previous internal auditors, and she had not seen the outcome of that work. She also referred to a previous conversation about the DSPT not now being required to be audited in 2021/22 and proposed that some of these days be converted to carrying out a follow up of the CHC Audit. The IAGC were in full agreement with this proposal which it was felt would be very helpful in supporting the on-going work in this area.

Assurance:

The Board can be assured that good progress had been made against the management actions identified in the audit report to assure the CCG relationship with the Local Authority in the delivery of Continuing Healthcare (CHC). The proposed appointment of some dedicated project support would help move this work forward. The long-term plan was for CHC to come into the CCG/ICS and a decision would need to be made when to move people over from CHCP.

Resolved:

(a)	IAGC members noted the contents of the update report on Continuing Healthcare and the progress made against the management actions;
(b)	It was requested that the Head of Funded Nursing Care provide a further progress update for the IAGC meeting in May 2022.
(c)	Internal Audit would carry out a follow up of the original CHC Audit

Chris Denman, Head of Funded Nursing Care left the meeting

9.7 POLICIES

9.7.1 FREEDOM OF INFORMATION AND ENVIRONMENTAL INFORMATION REGULATIONS POLICY

The Associate Director of Corporate Affairs presented a report to notify Committee members of the amendments made to the Freedom of Information and Environmental Information Regulations Policy and seek approval.

Members were advised that the updates made included housekeeping elements, updates to reflect legislation/guidance changes and some changes to language. No material changes had been made to the policy.

In preparation for the future, organisations were looking to adopt a consistency of language across the ICS

A copy of the full policy was available on request.

Assurance:

The Board are advised that the IAGC had approved the updated Freedom of Information and Environmental Information Regulations Policy. No material changes had been made to the policy and the amendments made had comprised of minor housekeeping elements, updates to reflect legislation/guidance changes and some changes to language.

Resolved:

(a)	IAGC members approved the updated Freedom of Information and Environmental Information Regulations Policy
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9.8 HEALTH, SAFETY AND SECURITY GROUP ACTION NOTES

The action notes from the meeting held on 29 September 2021 were noted.

9.9 QUALITY AND PERFORMANCE COMMITTEE MINUTES – the minutes of the meeting held on 29 October 2021 were noted.

It was noted that, under Item 18 - Risk Register Report, this should read “The Q&PC recommended the removal of risks” (it was the role of the IAGC to approve the removal of risks)

9.10 PRIMARY CARE COMMISSIONING COMMITTEE MINUTES – the minutes of the meeting held on 22 October 2021 were noted.

9.11 PRIMARY CARE QUALITY AND PERFORMANCE SUB-COMMITTEE MINUTES - the minutes of Parts 1 and 2 of the meeting held on 21 September 2021 were noted.

9.12 PLANNING AND COMMISSIONING COMMITTEE MINUTES - the minutes of the meeting held on 1 October 2021 were noted.

It was noted that under item 6.4c, the 1st paragraph should read “the Pathway Review Group had submitted these to the Planning and Commissioning Committee for final oversight and recommendation” (it was the role of the Planning and Commissioning Committee to approved pathways)

9.13 COMMITTEES IN COMMON MINUTES – the minutes of the meeting held on 27 October 2021 were noted.

9.14 INFORMATION GOVERNANCE STEERING GROUP ACTION NOTES - the action notes of the meeting held on 10 November 2021 were noted.

10. GENERAL

10.1 ANY OTHER BUSINESS

No items of Any Other Business were discussed at this meeting.

10.2 DATE AND TIME OF NEXT MEETING

The next meeting of the IAGC would be held on **Tuesday 8 March 2022**, at 9.00am. and there would be an opportunity for IAGC members to meet with the auditors from 8.30-9.00am

Signed: 

Chair of the Integrated Audit and Governance Committee

Date: 8 March 2022

ABBREVIATIONS	
AAR	Auditor's Annual Report
ACR	Audit Completion Report
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
ICB	Integrated Care Board
ICC	Integrated Care Centre
ICOB	Integrated Commissioning Officers Board
ICP	Integrated Care Partnership
ICS	Integrated Care System
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
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