

## INTEGRATED AUDIT AND GOVERNANCE COMMITTEE

### MINUTES OF THE MEETING HELD ON 8 MARCH 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

#### IN ATTENDANCE:

Kim Betts, Internal Audit Manager, Audit Yorkshire  
Nikki Cooper, Local Counter Fraud Specialist, Audit Yorkshire  
Pam Heaford, Personal Assistant, NHS Hull CCG (*Minute Taker*)  
Michela Littlewood, Interim Deputy Director of Nursing & Quality Hull CCG  
Steve Moss, Head of Anti-Crime Services, Audit Yorkshire  
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:  
Ian Goode, Lay Member, NHS Hull CCG  
Mark Kirkham, Mazars (External Auditors)  
Michelle Longden, Corporate Affairs Manager  
Deborah Lowe, Acting Director of Nursing and Quality, NHS Hull CCG  
Danny Storr, Deputy Chief Finance Officer, NHS Hull CCG

#### 2. MINUTES OF THE PREVIOUS IAGC MEETING HELD ON 11 JANUARY 2022

The minutes of the Integrated Audit and Governance Committee (IAGC) meeting held on 11 January 2022 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 11 January 2022 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 11 January 2022 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

**Resolved:**

(a)	No declarations of interest were made
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**6. EXTERNAL AUDIT**

**6.1 EXTERNAL AUDIT REPORT**

Rob Walker, Mazars, presented the External Audit Progress Report for information and the following update was provided.

Members were advised that initial discussions had commenced in relation to the CCG audit for 2021/22, the first stage of which involved updating the planning. He reported that the team were in place to carry out the audit and there were no major concerns over the delivery.

As had been discussed prior to this meeting, there were wider risks around uncertainties created by the reorganisation and potential problems obtaining assurances from the many organisations that fed into the accounts process as the reorganisation evolved, but this did not cause any major concerns at this point.

The Chief Finance Officer reported that they were starting the process of the closedown of the CCG and there were no issues to report at the current time.

Details of relevant national publications had been provided for information.

**Assurance:**

The Board can be assured that, in relation to the CCG audit for 2021/22, initial discussions had commenced in relation to the first stage of the audit which involved updating the planning. The team were in place to carry out the audit and there were no major concerns over the delivery.

**Resolved:**

(a)	IAGC members noted the External Audit Progress Report and the update provided.
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**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:

Since the last meeting of the IAGC in January 2022, the following two final audit reports had been issued:

- Patient and Public Engagement and Experience – which had received high assurance with no recommendations
- Governance and Risk Management Arrangements – which had also received high assurance with one minor recommendation in relation to Governing Body receipt and sign off of the Board Assurance Framework (BAF)  
Members were advised that the Governing Body workplan stated that the BAF should be presented to the Governing Body twice a year; i.e. in March and July and it had in fact only been presented in March and not midyear. However, as the BAF had been discussed at a Board Development Workshop in April 2021 they were satisfied that the Governing Body were fully sighted on this, but it was felt that for completeness this should have been documented at the Board mid-year, following the workshop. In addition, it was also noted that there was a rigorous challenge of the BAF at every IAGC meeting which, although did not change the action, did provide further assurance

In terms of progress with this years plan, the work completed to date had provided a high level of assurance. Work was underway on the remaining Quarter 3 & 4 audits, which would be presented to the next IAGC meeting.

It was expected that the Mental Capacity Act report would be issued in the coming days.

A draft Head of Internal Audit Opinion (HoIAO) had been issued to the Chief Finance Officer which had currently been given a significant overall level of assurance. The HoIAO would be finalised over the next few weeks once all the work against the plan had been completed.

A section on Supporting Transition had been included at Appendix A which gave an overview of the internal audit support being provided by Audit Yorkshire to CCGs and the ICB, centred on the requirements set down in the national due diligence. In addition, Amanda Bloor had recently asked for the maturity matrix across all six Places to be looked at to see if they agreed with the individual assessments that had been done. The Chair was assured that funding for the maturity matrix work would form part of the allocated days agreed to support the work towards transition to the ICS.

With regard to the Internal Audit Plan for 2022/23, it had been proposed that there would be a Q1 plan to cover the period 1 April – 30 June 2022 which would focus on financial governance, governance and risk, closedown of the CCG and creation of the ICB. The understanding was that the funding for quarter one would go to the CCG and the ICB would receive the funding for the remaining three quarters. The Chief Finance Officer provided assurance that internal audit capacity would be focused where it needed to be in the first quarter and would not affect the CCG's closedown and a close eye would be kept on this. A pragmatic risk based approach would need to be taken moving forward with the balance of the days being transferred to the ICB. It was noted that Kim Betts was part of the transition forum and also the audit manager for the whole ICS footprint which would provide an overall oversight.

The Associate Director of Corporate Affairs felt that it would be beneficial for the CCG Audit Chairs to connect with the newly appointed ICB Audit Chair to explore how the audit programme would transition.

With regard to the follow up work on Continuing Healthcare (CHC), resource had now been identified for this piece of work, an update on which would be provided on completion.

**Assurance:**

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

Since the last IAGC meeting in January, the following two final reports had been issued:

- Patient and Public Engagement and Experience – which had received high assurance with no recommendations
- Governance and Risk Management Arrangements – which had also received high assurance with one minor recommendation.

Work was also underway on the remaining Quarter 3 & 4 audits, which would be presented to the next IAGC meeting.

A draft Head of Internal Audit Opinion (HoIAO) had been issued to the Chief Finance Officer which had currently been given a significant overall level of assurance, pending completion of the plan.

**Resolved:**

(a)	IAGC members noted the progress made by against the 2021/22 Internal Audit Plan;
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(b)	A final audit report on Patient and Public Engagement and Experience had provided a High level of assurance with no recommendations;
(c)	A final audit report on Governance and Risk Management Arrangements had provided a High level of assurance with one minor recommendation
(d)	A draft Head of Internal Audit Opinion (HoIAO) had been issued to the Chief Finance Officer which had currently been given a significant overall level of assurance, pending completion of the plan.

## 7.2 INTERNAL AUDIT RECOMMENDATION TRACKING REPORT

Kim Betts, Internal Audit Manager, Audit Yorkshire, presented the Internal Audit Recommendation Tracking Report to update on progress against internal audit recommendations for the period 25 February 2021 to 24 February 2022.

It was reported that, with regard to the three recommendations that were outstanding, the reasons behind these were understood and there were no issues to bring to the Committee's attention. With regard to the CHC recommendation, it was understood that this would be complete by the end of March 2022

### Resolved:

(a)	IAGC Members reviewed and noted the progress made on the implementation of agreed 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, the majority of the work carried out had been around counter fraud awareness and fraud prevention masterclasses.

The programme of masterclasses had been very well received and had currently been delivered to 588 attendees. Consideration was being given to additional subject topics for future masterclasses which would include a generic one suitable for all staff and one specifically designed for managers. The current masterclasses would also still continue.

Since the last meeting, two alerts had been issued relating to NHS Mail compromises and suspect phone calls.

No new fraud referrals had been received since the last meeting.

The days used to deliver the Counter Fraud Plan 2021/22 currently amounted to 24.12 out of the planned 25 days and all the work on the workplan had been completed.

Steve Moss, Head of Anti-Crime Services, Audit Yorkshire advised that the Counter Fraud Functional Standards had been issued by the Counter Fraud Authority (CFA). Members were reminded that last year there had been some fundamental changes to the standards, and this year they would be going through the same process of looking at the organisation's compliance against those standards. It was expected that overall compliance would be green, with the exception of one particular standard

that was an issue regarding risk assessment methodology and it was suspected that the organisation would be red for this through no fault of its own. The CFA acknowledged this and it was something that they imagined would take 3-5 years to embed in an organisation, therefore a conservative approach would be taken in this regard.

He further wished to make members aware that there was a requirement to have a Counter Fraud Champion which the organisation had embraced and advised that Danny Storr was undertaking this role on behalf of the CCG. A network of Counter Fraud Champions had been created to answer any questions and to raise any concerns they may have with the CFA.

**Assurance:**

The Board can be assured by the continued counter fraud awareness work taking place and the success of the fraud prevention masterclasses which aimed to make new starters aware, and remind existing staff, of the many different areas of potential fraud risk.

No new fraud referrals had been received since the last meeting.

All work against the Counter Fraud Workplan 2021/22 was now complete.

**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 31 January 2022 under the current temporary financial regime.

The report was taken as read and members were advised that it was anticipated that the CCG would meet its financial targets by the end of the financial year. Plans for 2022/23 were in the process of being set.

With regard to Debtors and Creditors, the Chair noted that there were 4 CHC creditors. The Chief Finance Officer confirmed that this was part of the work being done around CHC which reflected where we were. She further advised that, working through the transitional brief, as much as possible was being cleared in order to ensure a smooth transfer into the new arrangements. There had been an issue with duplicate invoices through the transition system but this was now understood and was being managed.

In relation to the providers on the list, Jason Stamp queried whether these were being collated in order to understand a consistent number of queries relating to a particular provider. The Chief Finance Officer confirmed that this was taking place, working with the Local Authority where needed, and stated that she had not been made aware of any recurrent issue or theme coming through on the back of these. It was felt that the

reason for there being an increased number was linked to an overhang from Covid and financial flow changes.

With regard to CHC invoices being signed off, the Interim Deputy Director of Nursing and Quality stated that they were sighted on this and advised that a lot of time was being spent chasing and checking these invoices. This process would need to be carefully managed in the future and thought given as to how to ensure it continued. The Chair welcomed the assurances provided in terms of how CHC was being managed.

**Assurance:**

The Board can be assured that it was anticipated that the CCG would meet its financial targets by the end of the financial year.

Plans for 2022/23 were in the process of being set.

**Resolved:**

(a)	IAGC members considered the CCG's performance for the year to the 31 January 2022;
(b)	noted that it was anticipated that the CCG would meet its financial targets by the end of the financial year, and
(c)	noted the assurances provided in terms of how CHC was being managed.

**8.1i DELEGATED PRIMARY CARE OVERPAYMENTS**

The Chief Finance Officer presented a report to provide the Committee with details of recently identified overpayments to Hull practices and the measures being put in place to address these.

Members were advised that, as Hull CCG was a delegated CCG, its primary care payments made to practices were paid via Primary Care Support England (PCSE) from the CCG accounts. Following a change to the new PCSE Online system, a number of payment errors had been identified and a review to understand what had happened that led to these overpayments being made was underway. In addition to the system change there had also been further complexities of enacting multiple mergers between contractors as well as changes to the contract form with some practices transferring from PMS to GMS based contracts.

The overpayments identified related to both QOF and Out of Hours.

A number of duplicate payments had been identified whereby payments were made on a PMS and also an APMS contract for the same practice code which the system did not prevent.

The Chief Finance Officer advised that they had been liaising very closely with Dave Moore and his team at NHSE, and one of the key questions being asked was: where the control was between the NHSE team and PCSE to understand why this had happened. Whilst accepting that they had a big area to cover, this was not insignificant and it was not an insignificant impact to either the practice or the NHS who were paying for these different lines of expenditure. It was felt that there should also have been some immediate recognition of the overpayment by the practices. It had been necessary to adopt a firm and balanced response back to the practices,

whilst ensuring a consistent and fair approach. There would be some costs that NHSE may need to incur as a consequence of some of this not being handled as we might have wanted and, because this spanned multiple years, some of our practices had closed down their year end positions and some of their partners had taken their profits and retired and there was therefore more than a basic recovery that needed to happen. There would be consequences, accepting that where they had been overpaid this would need to be recovered, but where there were additional costs to these practices for some of the legal and financial consequences of this, consideration for reimbursement would need to be undertaken in line with the relevant sections of the contract/guidelines. It was noted that a lot of the period where this had happened coincided with the period of Covid.

The Chair was assured that this issue was being worked through and requested that an update be brought back to the next IAGC meeting with further assurances on how this had progressed in terms of the recovery.

The Interim Deputy Director of Nursing and Quality felt that this must have been happening in other areas and would like to understand if this had been escalated higher. The Chief Finance Officer advised that she had also asked if this had happened elsewhere and if so, what were the control mechanisms put in place to avoid it happening again – this would form part of the update to the next meeting.

Jason Stamp expressed concern in relation to the uncertainty about what the future commissioning arrangements would be and who would be managing situations like this moving forward. With regard to the report, he would also like some future assurance that the recovery plans were on track and that those payments had been made and, for certain practices, that there was an agreed plan in place to enable any residual payments to be recovered.

The Associate Director of Corporate Affairs commented that there was a lesson for practices in terms of future transactions, that if there were any irregular payments there was a responsibility for them to flag and check. The Chief Finance Officer confirmed that this was within the Statement of Financial Entitlement within the guidelines as part of the contract and this was being referred back to. The Associate Director of Corporate Affairs also felt that there was still a lack of clarity on the future commissioning model for primary care and this served as a very timely reminder in terms of risks, during transfer and beyond, that was a matter to be flagged with the Audit Chair and the ICB Executive responsible for primary care commissioning moving forward.

The Chair commented that whilst she accepted that a mistake could be made once when completing a form, she did not accept that the same mistake could be made multiple times, and secondly, she questioned who audited NHSE Primary Care.

The Chief Finance Officer stated that it had always been felt that primary care was the biggest area of financial fraud risk and this highlighted the potential for unintentional consequence of changes that can occur seemingly quite easily.

**Assurance:**

The Board can be assured that measures had been put in place to address the issue of recently identified overpayments made to Hull practices by Primary Care Support England (PCSE). Plans had been put in place to recover these overpayments and a



further report would be brought to next meeting of the IAGC to provide an update and further assurance in terms of how the recovery had progressed.

**Resolved:**

(a)	IAGC members noted the recently identified overpayments made to Hull practices via by Primary Care Support England (PCSE), and
(b)	noted the current status of each practice with regard to recovery plans
(c)	An update report would be brought to the IAGC meeting to provide further assurances on how this had progressed in terms of the recovery

**8.2 LOSSES AND SPECIAL PAYMENTS**

There were no losses or special payments to report.

**8.3 ACCOUNTING POLICIES**

The Chief Finance Officer advised that the draft accounting policies would form part of the draft submission on 26 April 2022 that would be made as part of the financial closedown of the CCG for 2021/22. The main area of change between 2020/21 and 2021/22 was linked to the requirements of IFRS16 and the way that we handle, report and account for leases within the organisation and this would need to be reflected as a change within the draft accounts for 2021/22.

**Resolved:**

(a)	IAGC members noted the draft accounting policies which would form part of the draft submission on 26 April 2022.
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**8.4 ANNUAL ACCOUNTS PLAN AND TIMETABLE**

The Chief Finance Officer presented this report which provided details of the timetable that was being followed in preparing the CCG's Annual Accounts for 2020/21 and advised that the seamless and timely production of the accounts was testament to the close-working and experienced finance team.

Members were made aware that East Riding of Yorkshire CCG were struggling from a capacity perspective to complete their closedown due to the loss of key individuals. Based on previous conversations around mutual aid and potential collaboration where it made sense to do so, an emergency session had been held with the six CCG Deputy CFOs across the ICS to see if any support could be provided which had resulted in some strong mitigation and help coming from North Lincolnshire.

The Chief Finance Officer stated that capacity in totality would be looked at where it made sense to do so but provided assurance that this would not compromise the delivery of Hull CCGs closedown.

**Assurance:**

The Board can be assured that a detailed plan was in place for the preparation of the CCG's Annual Accounts for 2021/22.

**Resolved:**

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

Following consideration and endorsement by the Planning and Commissioning Committee on 3 February 2022, the IAGC were requested to approve Primary Care Rebate Agreement renewals for Insuman and Apidra and Primary Care Rebate Offers for Methadone Hydrochloride and Buprenorphine as detailed below:

### **8.5i NOTIFICATION OF THE REBATE AGREEMENT RENEWAL FOR INSUMAN 2022**

### **8.5ii NOTIFICATION OF THE REBATE AGREEMENT RENEWAL FOR APIDRA 2022**

### **8.5iii PRIMARY CARE REBATE OFFER NHS HULL CCG - METHADONE HYDROCHLORIDE (PHYSEPTONE)**

### **8.5iv PRIMARY CARE PRESCRIBING REBATE OFFER NHS HULL CCG - BUPRENORPHINE (ESPRANOR)**

Jason Stamp questioned whether the IAGC could approve these Primary Care Rebate Renewals and Offers, which were for 12 months, given the transition to a new organisation. The Chief Finance Officer confirmed that whilst Hull CCG was still a statutory organisation we had the authority to approve these.

The Associate Director of Corporate Affairs advised that specific guidance was expected from NHSE around formal obligations on CCGs to involve ICBs as we got closer to the transition.

Discussion took place around the opioide related schemes and it was felt that the whole plan around Medicines Management needed to be looked at moving forward.

The IAGC formally approved the Primary Care Rebate Agreement renewals for Insuman and Apidra and Primary Care Rebate Offers for Methadone Hydrochloride and Buprenorphine.

#### **Assurance:**

The Board can be assured that, following endorsement by the Planning and Commissioning Committee, the Integrated and Audit Committee had approved Primary Care Rebate Agreement renewals for Insuman and Apidra and Primary Care Rebate Offers for Methadone Hydrochloride and Buprenorphine.

#### **Resolved:**

(a)	On the recommendation of the Planning and Commissioning Committee, the Integrated Audit and Governance Committee formally approved Primary Care Rebate Agreement renewals for Insuman and Apidra and Primary Care Rebate Offers for Methadone Hydrochloride and Buprenorphine.
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## **9. GOVERNANCE**

### **9.1 WAIVING OF PRIME FINANCIAL POLICIES**

IAGC Members were advised of the following two tenders waivers:

**9.1i Tender Waiver in respect of:  
System Leadership Development**  
Proposed Provider: Resolve Consultants Ltd  
Contract Value: £28,080  
Contract Period: March 2022 – May 2022

**9.1ii Tender Waiver in respect of:  
HCV FeNO Devices in Primary Care**  
Proposed Provider: Intermedical (UK) Ltd  
Contract Value £96,014

The Chief Finance Officer provided assurance that, although the funds for these were flowing through the CCG, it was not Hull-based core allocation.

The IAGC duly noted the above approved tender waivers.

The Chair expressed her concern at the increase in tender waivers coming to the IAGC without her prior knowledge and asked for a message to be communicated to all relevant staff in the organisation advising them of the need to make herself aware, as Audit Chair, if they were writing a tender waiver prior to it coming to a meeting.

**Assurance**

The Board are advised that the IAGC had noted the approved tender waivers in respect of System Leadership Development and HCV FeNO Devices in Primary Care.

**Resolved:**

(a)	IAGC Members noted the approved tender waivers, and
(b)	A message would be communicated to relevant staff in the organisation advising them of the need to make Karen Marshall aware, as Audit Chair, if they were writing a single tender waiver so that she had prior knowledge of it in advance of it coming to IAGC

**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, 19 of which had a current risk rating of high or extreme and were therefore included within the report. 16 risks were rated as high risks and 3 risks as extreme.

The covering report detailed some of the key changes and updates that had been made to the Risk Register following discussion at the previous meeting.

The Chair commented that she had been greatly assured from the discussions she had had with the Interim Deputy Director of Nursing & Quality and the Associate Director of Corporate Affairs, around the Risk Register and the Quality and Performance Committee (Q&PC) approach to it.

The Interim Deputy Director of Nursing & Quality reported that, due to a timing issue between committee meetings she had been left with an action following the last Q&PC meeting held on 14 February 2022 to make a request in relation to wheelchair services which was giving cause for concern and she had been liaising with the Chair outside of the meeting in this regard.

It had been requested that a new risk be added to the Risk Register as soon as possible relating to wheelchair services provided by Nottingham Rehab Supplies (NRS), due to the current problems being experienced with this service in relation to long patient waiting times and an increase in complaints.

Members were advised that the concerns were around the provision of wheelchairs and, although some progress had been made, this was still a risk to us as an organisation and there were 18 complaints open at the moment in relation to this service.

The Chair proposed that the addition of the new risk be verbally accepted by the IAGC at this meeting because of the timings around the Q&PC and the next IAGC meeting in May. Both Jason Stamp and Dr James Moulton had confirmed that they were comfortable with this approach from a Q&PC perspective and the Associate Director of Corporate Affairs confirmed that he was also comfortable with this as an approach from a governance perspective.

The Interim Deputy Director of Nursing & Quality would articulate this risk for the Risk Register which would be rated at 16.

Jason Stamp queried the risk level in relation to the following two risks which were currently rated as 'moderate';

**Risk 972** – System workforce risk

**Risk 962** – Delivery of the CCGs statutory duties for 2021/22

The Interim Deputy Director of Nursing & Quality advised that she would re-evaluate the risk levels of Risk 972 and Risk 962 and, following debate and discussion at the Q&PC, this would then be reflected in the Risk Register when it was brought back to the IAGC in May.

The Associate Director of Corporate Affairs appreciated the valid challenges made and which was about assessing risk systematically by impact and likelihood.

**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.

The IAGC verbally accepted the addition of a new risk onto the register relating to wheelchair services provided by Nottingham Rehab Supplies (NRS) due to the current problems being experienced with this service in relation to long patient waiting times and an increase in complaints.

**Resolved:**

(a)	The continued work to monitor and update the risks on the Risk Register was noted;
(b)	The IAGC verbally approved the addition of a new risk on the Risk Register in relation to wheelchair services provided by Nottingham Rehab Supplies (NRS). The Interim Deputy Director of Nursing & Quality would articulate the risk for the Risk Register which would be rated at 16.
(c)	The Interim Deputy Director of Nursing & Quality would re-evaluate the risk levels of Risk 972 and Risk 962 and, following debate and discussion at the Q&PC, this would then be reflected in the Risk Register when it was brought back to the IAGC in May.

**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 9 strategic objectives for information.

He reported that, as members would be aware, a discussion had taken place at the last Board Development session and a range of options were presented in terms of the transition period whilst the CCG remained a statutory body and how we wanted to approach the BAF for 2022/23. The agreement was that we would maintain the same strategic objectives and undertake the normal process of refreshing the risks in the light of that but in a slightly slimmed down version, given that we were in transition and therefore the focus of the BAF risks would be on a smooth transfer to the new arrangements.

This work was still to be completed; however, it was anticipated that there would be an updated re-cast BAF to bring to the next IAGC meeting in May

The Associate Director of Corporate Affairs ADVISED that it should be noted that the BAF remained a very live document which could be seen from the extent of the updates provided.

**Assurance:**

The Board can be assured that the agreed approach for the 2022/23 BAF would be to maintain the same strategic objectives and undertake the normal process of refreshing the risks in the light of that but in a slightly slimmed down version, given that we were in transition and therefore the focus of the BAF risks would be on a smooth transfer to the new arrangements.

**Resolved:**

(a)	IAGC Members noted the update provided around the position of the BAF;
(b)	The agreed approach for the 2022/23 BAF was to maintain the same strategic objectives in a slimmed down version with the focus of the BAF risks being on a smooth transfer to the new arrangements and
(c)	It was anticipated that there would be an updated re-cast BAF to bring to the next IAGC meeting in May

#### 9.4 ASSURANCE UPDATE IN RELATION TO CLOSE-DOWN AND TRANSITION

The Associate Director of Corporate Affairs provided the following general update.

He reported that, in terms of the formal systems and process and controls that were in place, we still had a Transition Programme Group and, in addition there was a Governance Programme Group across Humber, Coast and Vale of which Kim Betts was a part of. This group met on a weekly basis and a number of the national updates had been received and considered; programme management arrangements underpinned some of the key deliverables and some of the national guidance was updated on a regular basis along with the fundamentals of the constitution, the corporate governance handbook and the scheme of reservation/delegation continued to be under development. There had been some sense checkpoints with NHSE and thus far the feedback from them had been broadly positive and there were no major concerns in that regard.

The establishment of the ICB was progressing and all the senior executive and non-executive appointments had been made and had been publicised. The three partner member Board Members had yet to be appointed.

A lot of the other key transition risks and some of the live matters that were being worked through at the present time had been covered earlier in the meeting.

From a Hull CCG perspective, the due diligence task and finish work was on-going with the next scheduled submission planned for the end of March; however, this was not a national requirement and there were on-going discussions around whether, as an alternative, we ask for a status update from the domain leads to ensure they were on track.

##### **Assurance:**

The Board can be assured that the IAGC continued to be updated on the formal systems and process and controls that were in place for both close-down and transition to the new organisation along with the key transition risks and some of the live matters that were being worked through

##### **Resolved:**

(a)	The verbal update on progress in relation to close down and transition was noted
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#### 9.5 DATA SECURITY AND PROTECTION TOOLKIT 2021/22 UPDATE

The Associate Director of Corporate Affairs presented a report to inform the IAGC on the status of the 2021/22 Data Security and Protection Toolkit (DSPT) submission.

Members were advised that the deadline for the DSPT submission had been moved to the of June 2022. Any subsequent action plans or remedial actions that come out of the submissions of CCGs would be picked up by the ICB when they were formed.

The approach to the DSPT completion and submission for this year would be very similar as for previous years.

The following two areas had been flagged as having the potential to raise a challenge:

- The CCGs reliance on N3I as our IT provider in relation to providing evidence - Assurance had been provided that they would deliver on this.
- CCG test of business continuity plans in relation to a data security incident - A test date for a system-wide exercise had been arranged for 21 March 2022

**Assurance:**

The Board are advised that the deadline for the DSPT submission had been moved to the of June 2022. Any subsequent action plans or remedial actions that come out of the submissions of CCGs would be picked up by the ICB when they were formed.

The approach to the DSPT completion and submission for this year would be very similar as for previous years.

**Resolved:**

(a)	The IAGC noted the progress of the Data Security and Protection Toolkit
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**9.6 HULL AND EAST RIDING INFORMATION GOVERNANCE STEERING GROUP TERMS OF REFERENCE**

The Associate Director of Corporate Affairs presented the Hull and East Riding Information Governance Steering Group Terms of Reference for approval.

The Chair requested that the terminology in the Terms of Reference (ToR) be corrected to read “**Integrated** Audit and Governance Committees (IAGCs) and that all references made in the ToR be amended to this.

**Resolved:**

(a)	The IAGC approved the Hull and East Riding Information Governance Steering Group Terms of Reference, subject to the above amendment to terminology.
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**9.7 EMPLOYEE DECLARATIONS OF SECONDARY EMPLOYMENT**

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

**Resolved:**

(a)	The IAGC noted the Employee Declarations of Secondary Employment
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**9.8 FREEDOM OF INFORMATION Q3 REPORT**

The Associate Director of Corporate Affairs presented this report which provided IAGC members with an update on the current position and performance against Freedom of Information (Fol) requests made to NHS Hull CCG for Quarter Three 2021/22 covering the period from 1 October to 31 December 2021.

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

Staff continued to perform well in challenging environments and we continued to report 100% compliance which was a reflection of the organisation and not just the people who oversee Fol.

Wherever possible, we always disclosed as much as we were able to, whether this was full or partial disclosure

**Assurance:**

The Board can be assured that the CCG has a process in place to respond to all Freedom of Information requests received. During the period 1 October to 31 December 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 Q3 Report
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**9.9 RISK MANAGEMENT STRATEGY**

The Associate Director of Corporate Affairs presented a covering report outlining the minor changes made to the Risk Management Strategy which was here for approval.

Members were advised that the full Risk Management Strategy had not been brought to the meeting, as only basic housekeeping elements had been updated and there had been no substantial updates or changes made as a consequence of where we were as an organisation.

It was noted that a copy of the full strategy was available on request.

**Resolved:**

(a)	IAGC members approved the updated Risk Management Strategy
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**9.10 POLICIES**

**9.10.1 STAFF DOMESTIC ABUSE POLICY**

The Interim Deputy Director of Nursing & Quality presented a report to notify the IAGC of the introduction of the Staff Domestic Abuse Policy.

The purpose of the Staff Domestic Abuse Policy was to provide information, advice and support in order to safeguard members of staff at Hull CCG.

Members were advised that the policy had undergone an extensive consultation process and had now been brought to the IAGC for approval.

The IAGC confirmed that they were happy to approve the Staff Domestic Abuse Policy.

**Assurance:**

The Board are advised that the IAGC had approved the Staff Domestic Abuse Policy.



**Resolved:**

(a)	IAGC members approved the Staff Domestic Abuse Policy
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**9.11 HEALTH, SAFETY AND SECURITY GROUP ACTION NOTES**

The action notes from the meeting held on 9 December 2021 were noted.

**9.12 QUALITY AND PERFORMANCE COMMITTEE MINUTES** – the minutes of the meeting held on 10 December 2021 were noted.

**9.13 PRIMARY CARE COMMISSIONING COMMITTEE MINUTES** – the minutes of the meeting held on 17 December 2021 were noted.

**9.14 PRIMARY CARE QUALITY AND PERFORMANCE SUB-COMMITTEE MINUTES** - the minutes of Parts 1 and 2 of the meeting held on 15 November 2021 were noted.

**9.15 PLANNING AND COMMISSIONING COMMITTEE MINUTES** - the minutes of the meetings held on 3 December 2021 and 7 January 2022 were noted.

**9.16 COMMITTEES IN COMMON MINUTES** – the minutes of the meeting held on 22 December 2021 were noted.

**9.17 HULL AND EAST RIDING INFORMATION GOVERNANCE STEERING GROUP ACTION NOTES** - the action notes of the meeting held on 27 January 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 full meeting of the IAGC will be held on **Tuesday 10 May 2022 at 9.00am**

Extraordinary IAGC meetings to review the annual accounts have been arranged for:

20 April 2022 – 1.30-3.00pm to review the draft annual accounts, and  
25 May 2022 – 2.00-3.00pm to review the audited annual accounts

Signed:

Chair of the Integrated Audit and Governance Committee

Date:

<b>ABBREVIATIONS</b>	
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