

## **NORTH EAST LINCOLNSHIRE CLINICAL COMMISSIONING GROUP INTEGRATED GOVERNANCE & AUDIT COMMITTEE**

### **ACTION NOTES OF THE MEETING HELD ON 07/12/2020 AT 10:00AM**

#### **MEMBERS PRESENT:**

Tim Render – Chair and Governing Body Lay Member  
Cllr Margaret Cracknell – Union Board NELC Member  
Philip Bond – Governing Body Lay Member  
Joe Warner - Chief Executive focus (Adult Social Care representative)  
David Walker – Community Forum Lay Member

#### **ATTENDEES PRESENT:**

Laura Whitton – Chief Finance Officer  
Lynne Popplewell – Head of Finance  
Martin Rabbetts – Performance Development & Assurance Manager (Joined meeting at Item 9 for Performance Deep Dive)  
Mark Kirkham- Mazars  
Peter Hanmer – NELC Audit  
Debbie Baker – NELC Audit  
Helen Kemp Taylor – Audit Yorkshire  
Stephen Moss - Audit Yorkshire  
Kim Betts – Audit Yorkshire  
Claire Stocks – Governance Assurance Officer  
Karen Stamp – Minute Taker

#### **APOLOGIES:**

Dr Karin Severin – GP Member  
Rob Walker – Mazars

#### **1 APOLOGIES RECEIVED AS ABOVE**

Noted above

#### **2 DECLARATIONS OF INTEREST**

*Members to declare any individual or Practice interests that are likely to lead to a conflict or potential conflict that could impact (or have the potential to impact) on any items on the agenda. This should be repeated again at individual item(s) where it is considered a conflict is likely to or could potentially arise.*

***There were no declarations of interest recorded.***

#### **3 APPROVAL OF PREVIOUS MINUTES/ACTION NOTES**

The Minutes of the previous meeting were approved.

#### **4 ACTION/MATTERS ARISING TRACKER**

All Actions had been completed or will be picked up as part of this meeting.

#### **5 STANDING ORDER WAIVERS (STANDING ITEM)**

The Committee noted that at this meeting there were none to report.

## 6 ANNUAL DOI GIFTS & HOSPITALITY – ANNUAL REPORT

Claire Stocks presented this paper to the Committee noting this is the standard annual report and there was nothing to flag this year. It was noted that despite the additional pressures in the system everyone had returned the Declaration of Interest, albeit with no manual ink signatures. Email and electronic signatures have been accepted his time, which has worked very well. Members noted that Registers have been shared and will go into the public domain with the Minutes Register.

Philip Bond raised an issue with his personal DOI querying who decides under which type an interest is declared? Claire Stocks confirmed that the individual assigns it on their form. It was noted that there was a discrepancy and Philip Bond asked for his to be updated to non-financial instead of financial.

**ACTION: Claire Stocks to update**

***Members agreed to this Annual report being published.***

Claire Stocks highlighted that there is an issue with the compliance of the Annual Conflicts of Interest training as some staff have still not completed their training, it was noted that if we do not meet compliance, the audit conclusion would be affected.

Claire Stocks highlighted that Jan Haxby is having the same problems with achievement of compliance of Data Awareness Training. People are inundated with other priorities at the moment, especially clinical staff which is impacting on the % compliance. Joe Warner noted that in his view the pressures at the moment are no worse than any other year in Winter.

***Members noted the update.***

## 7 ANNUAL IG& AUDIT ASSURANCE GOVERNING BODY REPORT

This paper was taken as read and the Chair asked members if they approved the Self-Assessment.

***Members agreed this report.***

## 8 20/21 REVISED AUDIT PLAN

Members noted that this paper had been circulated with the audit papers at Item 12, from Audit Yorkshire.

Kim Betts highlighted that the original Plan was for 58 days for the full year, however Covid has had an impact on progress on audit work in the first 6 months of the year. The tender was for 66 days per annum and the plan for the second half of the year has been based on 33 days i.e., 6 months of the tender days. The plan for the second half of the year has been updated so as to ensure all work has been done to support the annual Head of Internal Audit Opinion, this has meant that that the work in the original plan re Contract and Performance will not now be done in year. Kim agreed to circulate the plan to members once it has been agreed with Laura Whitton. **ACTION: Kim Betts**

Kim assured the Committee that Audit Yorkshire have refocussed the best they can, and those areas of work will provide enough assurance for the annual Head of Audit Statement and that the new plan includes the mandatory areas for the Head of Internal Audit Opinion. Helen Kemp-Taylor informed the committee that she has been in contact with Adrian Snarr at NHSI/E about what is likely to be the requirement for the Annual Governance Statement and the impact on the Head of Internal Audit Opinion, he confirmed that he would be speaking to Auditors in January, and Helen will ensure there is a link to the CCG. **ACTION: Helen Kemp-Taylor**

***The Committee noted the changes and look forward to receiving the revised plan electronically before Christmas with the compared changes from Kim Betts.***

Mark Kirkham referred to the Audit Strategy Memorandum being the results of their initial audit risk assessment and briefed the meeting on the significant risks they had identified for their work. Members noted the new Code of Audit Practice and the need for them to reflect the implications for their VFM conclusion. Mark invited questions but there were none raised.

## **18 TERMS OF REFERENCE - INFORMATION GOVERNANCE**

Item 18 was moved up to the decision part of the Agenda. Members noted there were no changes to the Terms of Reference for the Information Governance Committee. No questions were raised.

***The Committee approved the Terms of Reference.***

## **9 PERFORMANCE DEEP DIVE**

Laura Whitton informed members that it was pertinent to have a deep dive session into the Finance and Performance, given the revised arrangements and risks that have had to be managed in year in response to Covid. A lot of this has been managed via the Risk Committee which was established whilst in the first phase of the Covid response period, but it was felt a more detailed discussion particularly around performance and finance at the Audit Committee was required.

Martin Rabbetts joined the meeting to present this paper to the Committee, highlighting the following points from the Performance Report

The paper contains a lot of information, the structure of the report includes the table on page 2 to help people understand the makeup of what we performance manage. There are also key changes in performance for information and the next stage of the report picks those up.

- **Slide 9 - Primary Care** - the percentage of first outpatient appointments arising from referrals made using the NHS e-Referral Service (e-RS) is at 16.80% this is because in April 2020 NLAG (in agreement with the CCG) turned off the ability of using e-RS, whilst in the Covid pandemic. A Practice Referral Assessment Service is now being used. This was to help NLAG manage referrals, initially NHSE advised Primary Care to hold onto referrals for a month or 2 however there was a concern from NLAG that they would struggle once they flooded in upon restart, NLAG would rather have them and triage them. Triage in general Practice had significant reductions during the first lockdown, there were public facing communications about patients still accessing services. However, the September 2020 activity was in fact above September 2019 activity, so we have had some bounce back in GP appointments. Technology appointments (phone and online) have helped, but there will be a lot of pressures in Primary Care with the delivery of the new Covid vaccine on top of other health care needs.
- **Slide 12 – Unplanned Care** – Whilst the A&E 4 hour wait performance is a positive this is due to significant drop in level of activity in Lockdown 1- less than 50% normal levels of activity.

Just before the second lockdown North East Lincs were at a Covid Peak and this pushed up the numbers of patients being admitted into Hospital. There was a 12-hour breach of a patient being admitted from A&E, so this was a concern, but the situation has improved now cases are coming down again. Although the 4 hours wait performance looks good there are pressure points in the system.

Ambulance transfers have also improved, with less activity so performance key indicators are currently being met.

- **Slide 17 - Planned Care** - Another area that has seen improvements, but there are still a lot of issues around Cancer, slide 18 details the issues and Slide 19 provides information on what is being done to tackle this. Total referrals reduced during the pandemic, other areas are now recovering, promoting people to take action to access services if they suspect cancer symptoms
- **Slide 20 – Planned Care – Waiting Times** – performance dropped, with diagnostic capacity being affected by Covid, this is now in a recovery period. Some activity targets were re-based, but diagnostics reflects the pre-covid targets so obviously we are not meeting those. These measures have continued to improve, but there is an expectation that these figures will have increased due to second lockdown in November.

Joe Warner indicated that he was expecting a massive negative impact on waiting times in November. St Hugh's is a green site so should be supporting NLAG the waiting times in the system as they are not dealing with Covid cases. Philip Bond queried if St Hugh's is being used to full capacity? It has certainly improved capacity - a lot of discussions between St Hugh's and NLAG about how it will be used going forward and we will get a report on that later this week. The Chair queried if the revised trajectories in place will meet the NHSE/I 90% penalties standard, Martin informed the following slide will cover this query.

- **Slide 22 – Hospital Activity** – this slide sets out activity against those rebased targets with NLAG and HUTH.
  - Consultant Led First Outpatient Attendances (Specific Acute) – CCG on track with all targets so there should not be any concerns. It was queried by the Chair if financial penalties will apply to Commissioners, Laura Whitton confirmed that they are not, but if they were applied to the Providers this would cause an impact and affect our financial position across the Humber system as a whole. Laura advised that the second wave of Covid and national lockdown is having an impact so discussions are ongoing about if it will continue as planned. From a system financial point of view the activity that can continue to go through independent sector needs to continue as it is a “free good” and we do not want to lose that access. The Chair asked who is in charge of how much work those providers get? It was confirmed that ultimately NLAG are managing it as they are closest to the patient position management, but we have a role to push back if we think it is not being used to maximum. Eddie McCabe is also working with St Hugh's to manage the activity prioritising people with the most urgent need.
- **Slide 26 – Mental Health and Disabilities** - Proportion of adults with learning disabilities who live in their own home or with their family - This target has been missed due to timing of assessments of where they are living – some have crept up to 13 months but there is now a push on getting these done so the position should improve.
- People who have depression and/or anxiety disorders who receive psychological therapies - There has been an Impact on numbers for people receiving therapies in locations, so a lot has gone digital.
- **Slide 34 – Adult Social Care** - receiving a review, this target has dipped due to vacancies and re-prioritisation of workload, we are informed that new staff were starting at the end of November.
- **Slide 35 - Outcome of short-term services: sequel to service – LA** – people recovering from Covid are taking longer to recuperate/re-able meaning we are seeing people needing longer term support, however the development of Cambridge Park should help reduce short stays.

Philip Bond queried if Cambridge park fully staffed now. Joe Warner updated that the total number of beds is 52 and currently there are 32 staffed beds. There has been a setback due to Covid, but this

should be improving as staff come back to work. Recruiting staff has been quite a task as well as the staff sickness during this peak in NEL.

The Chair thanked the Performance team for this really helpful report. It was queried if we can get a view overall of people who are not getting treatment, they might have got due to Covid? So, we can understand the scale of any backlogs now and in future years? Martin informed this is difficult but Public Health did a piece of work looking at this and should be presented to the CCG at some point.

**ACTION: Tim will raise it at the Governing Body.**

As a commissioner, how effective can our role be in getting other people to manage this?

Joe Warner updated that there is a very good Inter relationship in terms of Health & Social Care weekly Covid meeting across the whole system CCG/Navigo/Hospice/NLAG etc all the problems in the system are being quite closely monitored and there is an opportunity to get the full picture across the whole system. Collaborative system rather than a command-and-control system.

## **Finance**

The Quarter 2 Finance report previously circulated to the Committee was taken as read. Lynne Popplewell highlighted the following points:

As mentioned in Quarter 1 report, a revised finance regime has been in place.

Month 1-6 CCGs received a monthly retrospective allocation adjustment and reported a break even position each month, at the time of writing the report the CCG had not received the month 6 retrospective top up, but that has now been received in full with a total of £3.9 million top up allocation year to date as at M6. This covered Covid spend, increased spend on prescribing etc offset slightly by CHC costs coming in lower than planned as assessments were paused during initial lockdown.

Month 7-12 the Humber Coast and Vale Integrated Care System was issued with an allocation envelope, split between the 2 geographies (Humber and North Yorkshire & York). The CCG submitted an organisation plan on 22<sup>nd</sup> October which showed a £ 2.1 million shortfall, table 1 shows the allocations received in months 7-12, were less than in months 1-6. There continue to be pressures in prescribing, and we expect CHC spend to increase in the second half of the year as the backlog is cleared.

A second submission was made on the 18<sup>th</sup> November which showed a CCG gap reduced to £1.8 million. That equates to 1.3% of the month 7-12 allocation.

The Humber Coast & Vale Integrated Care System (ICS) plan that was submitted on 22<sup>nd</sup> Oct showed a Humber System gap of £9.2 million after allowable items. The ICS therefore reported an unbalanced plan; however, we were not the only ICS in this situation. A revised plan was submitted in November which shows that the position has improved by £2 million leaving a £7.2 million gap. All organisations within the ICS will have to work together to get to balance, maximising drawdown of funding outside of the envelope like the independent sector already mentioned, work is taking place around the service development fund ensuring there is a clear understanding of that spending. Due to the Finance regime in place i.e., Paying Providers on a block spending basis we are limited to what areas of spend the CCG can influence, so as an ICS we are working though all of that.

There are some tables in the report which detail money that the CCG has reclaimed. From Month 1-6 we have reclaimed £4.5 million from the key areas of hospital discharge and national procurement area. The hospital discharge funding is over and above the system envelope funding for month 7-12 and we will continue to get that funding retrospectively.

Our Covid expenditure looks higher compared to other CCGs as our figures include claims made on behalf of the local Social Enterprises as they cannot access the money directly themselves.

Better payment practice: we are currently achieving 30 days payment we are aiming for payment within 7 days, CCG is not hitting this target, but we are looking at how we can improve.

Within Adult Social Care (ASC) there is a £3 million overspend, the table in the report details what is driving this. The ASC outturn is being considered as part of the council's overall financial position and the Council are forecast to balance overall in year.

Peter Hanmer asked in relation to all the grant monies the council and CCG have received, is there a clear distinction for Adult Social Care money and infection control for example, for the audit trail? Laura Whitton confirmed that there is a very clear ring fencing of those pots of money. A lot of the infection control has come in and gone out, we have a clear analysis and people signed agreements when in receipt of money. With regards to the health money and the hospital discharge around the Social Care providers, Focus have provided detailed information for these costs. So, we have clear audit trail on that. In the ledger system everything is on separate codes and is being reported.

The Chair queried the mitigations referred to in report and what they mean? Lynne explained that we have a Covid allocation as a system for month 7-12 and there will be an element kept as a contingency. Another one is the four CCGs have agreed to underspend against budgets to help towards savings. A lot of discussions are taking place in the ICS to utilise funding streams for example, transformation funding Mental Health and Primary Care. T

The Chair felt that there will be an impact on the local population where we are taking money out of the system. Laura advised that the CCG gap of £1.8 million, there already some mitigations; Hull CCG had some central pots of money they are underspending against which contributes to our savings. We are keeping a tight control but there will be some slippage and underspend out of the system, it has been a very complex system centrally this year.

The Chair pondered if there was a way to link the Finances to the better outcomes of the patients.

**Items 10 – 19 were circulated for information only and were not discussed at the meeting:**

10.	External Audit update	Circulated
11.	Board Assurance Framework and Risk Report	Circulated
12.	a) Internal Audit & b) Counter Fraud Update	Circulated
13.	Adult Social Care Aged Debt Report	Circulated
14.	Policies for Ratification (standing item)	Circulated
15.	Schedule of Virtual Decisions	None to report
16.	Quarterly FOI Report	Circulated
17.	Independent Assurance Reports	
	a) NHSLA Assessment (Claims) Report	None to Report
	b) Findings of any Ombudsman Investigation in relation to the CCG or its services	None to Report
	c) Determination of any Tribunal held in relation to the CCG	None to Report
18.	Sub Committee Minutes (A & IG) - Information Governance (Feb and May) - Finance Assurance Subgroup	Circulated None to Report
19.	Covid 19 Cost Reimbursement Review – Phase 1 summary	Circulated

## **20 ITEMS FOR ESCALATION TO THE BOARD**

Report on Deep dive and link in to Finance and Risks. No one particular issue to highlight.

## **21 ANY OTHER BUSINESS**

Claire Stocks referred to the Risk Management link with CCG Priorities - some risks that do not sit in those priority areas or link in with the performance targets of the deep dive. We need to consider what we want to do about those. The Chair confirmed that risk management needs to become part of the regular monitoring but this year the organisation has been so stretched however the Leadership team looking at this at the moment.

### **Date and Time of Next Full Meeting:**

**Please note change of date: March 2021**

DRAFT