

MINUTES OF THE AUDIT AND GOVERNANCE COMMITTEE

HELD ON 14 MARCH 2024 VIA MS TEAMS AT 2.00PM

Present:		
Sue Sunderland	SS	Non-Executive Director/Audit Chair
Jill Dentith	JD	Non-Executive Director
In Attendance:		
Sarraf Arpit	SA	Audit Manager, KPMG
Michelle Arrowsmith	MA	Chief Strategy and Delivery Officer/Deputy CEO (part)
Lisa Butler	LB	Complaints and PALs Manager (part)
Jason Burn	JB	Interim Deputy Chief Finance Officer
Andrew Cardoza	AC	Audit Director, KPMG
Joanna Clarke	JC	Principal Counter Fraud Specialist, 360 Assurance (part)
Craig Cook	CCo	Director of Acute Commissioning Contracting and Performance/JUCD Chief Data Analyst (part)
Helen Dillistone	HD	Chief of Staff
Debbie Donaldson	DD	EA to Chief Finance Officer (note taker)
Darran Green	DG	Acting Operational Director of Finance
Lisa Innes	LI	Associate Director of Procurement – East (part)
Donna Johnson	DJ	Acting Assistant Chief Finance Officer
Chris Leach	CL	Assistant Director of Emergency Preparedness Resilience and Response (EPRR)
Usman Niazi	UN	Client Manager, 360 Assurance
Glynis Onley	GO	Director, 360 Assurance
Fran Palmer	FP	Corporate Governance Manager (part)
Suzanne Pickering	SP	Head of Governance
Chrissy Tucker	CT	Director of Corporate Delivery
Timothy Wakefield	TW	Audit Manager, KPMG
Claire Warner	CW	Senior Public Equality and Diversity Manager (part)
Apologies:		
Margaret Gildea	MG	Non-Executive Director
Keith Griffiths	KG	Chief Finance Officer
Item No.	Item	Action
AG/2324/325	Welcome, introductions and apologies. Sue Sunderland as Chair welcomed all members to the meeting. Apologies were received from Margaret Gildea and Keith Griffiths.	
AG/2324/326	Confirmation of Quoracy The Chair declared the meeting quorate.	
AG/2324/327	Declarations of Interest The Chair reminded Committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of the Integrated Care Board (ICB).	

	<p>Declarations declared by members of the Audit and Governance Committee are listed in the ICB's Register of Interests and included with the meeting papers. The Register is also available either via the Executive Assistant to the Board or the ICB website at the following link: www.derbyandderbyshire.icb.nhs.uk</p> <p>No declarations of interest were made at today's meeting.</p>	
EXTERNAL AUDIT		
AG/2324/328	<p>External Audit Planning Report</p> <p>Andrew Cardoza/Timothy Wakefield highlighted the following:</p> <ul style="list-style-type: none"> • KPMG presented their Audit Plan for 2023-24 (a complete Audit Plan). • P3 of the report highlighted the level of materiality that KPMG had set, this was largely unchanged from prior years. The numbers had increased but were in line with the ICB's increased allocations, together with the fact that it was a 12-month period rather than a 9-month period (as was the case last year). • Page 5 of the report highlighted significant risks and other Audit risks. Two significant risks were highlighted this year, Fraud Risk - Expenditure Recognition and Management Override of Controls. The other audit risk was Regularity. • KPMG's audit methodology incorporated the risk of management override controls within journal entries and processing transactions within the Ledger as a default significant risk and would be an important area of focus. • KPMG confirmed that they were testing the ICB, not the whole System. • The Chair asked whether KPMG were still doing a focus on expenditure given that the ICB were looking at having a surplus? • It was noted that the ICB had moved position quite a lot during the year, from an overspend into an underspend and forecasting a bigger surplus at year end. Given the fact that so much had changed KPMG were focusing their work on these changes. • KPMG would also give their audit opinion over the financial statements and do a separate report in relation to value for money. • With regards to governance and improving economy effectiveness and efficiency, KPMG had not identified any other risks to the value for money work. <p>The Audit and Governance Committee RECEIVED the external audit planning report.</p>	
INTERNAL AUDIT		
AG/2324/329	<p>Internal Audit</p> <p>Draft Internal Audit Plan 2024/25</p>	

	<p>Glynis Onley highlighted the following:</p> <ul style="list-style-type: none"> • The Internal Audit Plan and indicative phasing for 2023/24. • The current number of days in the plan for internal audit delivery was 254 days, but 360 Assurance would like to see a position of 225 days. • It was noted that two of the reviews listed in Appendix A1 ideally 360 Assurance wanted to alter and put into the strategic plan for early 25/26 reviews. It was noted that Helen Dillistone had also potentially made suggestions of moving the Citizens Involvement or the Provider Selection Regime. • Glynis Onley suggested that consideration should also be given to the Fit and Proper Persons Test as to whether this could also go into Q1 25/26. • Appendix 2.3 highlighted reviews that had been requested throughout the planning journey but had not made the final cut for the 24/25 plan. • System Wide Review – 7 days with the topic to be determined. Darran Green had agreed to present a short list of topics to System Finance Directors to see if there was a consensus of what that topic should be. Darran Green reported that unfortunately at the last System Finance Directors meeting there had been little time to discuss the list of topics but suggested that all Derbyshire DoFs would welcome a System Wide Review on the gap in our finances and the transformation that needed to take place to bridge that gap. • PPV – currently there was a provision for 40 days of PPV work in 24/25, which had been based on what the ICB had in the current year; this too was subject to discussion. Darran Green reported that Clive Newman and his Primary Care Team were very keen to continue with PPV at its currently level. However, they were not yet clear on what particular areas they would want to focus in on. • Helen Dillistone's title was incorrect, and Glynis Onley agreed to update her title to Chief of Staff. • Jill Dentith referred to the Fit and Proper Persons review, it was clearly something that the ICB felt should be on the plan, but it may be that the benefit of a review should be after we had gone through the process of implementing it, and then get feedback and support from an independent review from 360 Assurance. • Helen Dillistone reported that running alongside this was the new Leadership Competency Framework (LCF) which was launched by NHSE a week or two ago, which was meant to sit alongside the Fit and Proper Person Test. The two needed to sit alongside each other. It was noted that we had not received all the paperwork from NHSE at this stage. The paperwork had been issued for the Chair, but not yet for other Board Members, which was why the delay in this review had been suggested. • The Chair referred to Audit Items 10 and 11 (p12 of the report), she was unclear what the focus of those Audits would be. • Item 10 had in the past been mandated by NHSE which 360 Assurance had to do for the delegated direct commissioning. Glynis Onley reported that there was a piece of work in progress 	<p>GO</p>
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	<p>now which was giving some assurance around the ICB's self-assessment that had been completed and due to be submitted by the end of March. In line with previous years, 360 Assurance was anticipating that would go into plans again next year; until they heard otherwise, they were assuming that would still be the case.</p> <ul style="list-style-type: none"> • The Provider Selection Regime came into force from the 1 January 2024, 360 Assurance would be looking at systems and processes the ICB had put in place and to support any decisions made around the Provider Selection Regime. • The Chair referred to Maternity Governance Review, she reported that she thought there would be a lot of additional oversight in that area already from national reviews, and asked whether this was a good time to be looking at that. Glynis Onley reported that this work was as a result of a specific request from the Chief Nursing Officer to be included within the plan, but agreed to go back to him to confirm whether he felt it was appropriate at this current time. The phasing of this review was currently in Q4. • Regarding the System Review, it was noted that there would be difficulty with the length of time this would take, as it would require engagement from all the System partners; it could be a lengthy piece of work which needed to be taken into consideration in selecting any topic. This pot of time needed to be determined and if common ground could not be found between System partners on the proposed topic, then this time could be returned to the contingency pot within the plans for a first reserve/other review to fill that space. • The Chair reported on conversations with System Audit Chairs regarding System Reviews, we needed to demonstrate the value of doing these cross-cutting pieces of work before we agreed to do any more. It needed to be a topic agreed by all System partners and not something that just the ICB had agreed to. • Glynis Onley reported that 360 Assurance could put a pot of time in for a subject to be determined, or the ICB could chose not to have a System wide review in the plan for this year and consider whether it might like it next year. The output from this year's work may also inform that decision. • Regarding the PPV work, the Chair was pleased that Clive Newman wanted to continue with this work but requested that Audit Committee be given an idea of the value for money that this work was giving. Darran Green agreed to take an action to ask either Clive Newman or Hannah Belcher to attend Committee and give a presentation on the value of the PPV work. <p>Audit and Governance Committee APPROVED the draft Internal Audit Plan for 2024-25. Glynis Onley confirmed that 360 Assurance would include the Provider Selection Regime Review this year and defer to next year the Citizens Involvement Review and Fit and Proper Persons Test.</p>	<p>GO</p> <p>DG</p>
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	<p>Internal Audit Progress Report</p> <p>Glynis Onley reported that since the last Audit and Governance Committee 360 Assurance had:</p> <ul style="list-style-type: none"> • Issued the Interim Head of Internal Audit Opinion resulting from stage 3 of their 2023/24 work programme. • Issued the Accounts Payable Treasury and Cash Management Report. • Developed and agreed the Terms of Reference for Personalised Care - Section 117 payments. • Commenced the review of the ICBs self-declaration for Delegated Commissioning covering Primary Medical services, Dental, Ophthalmology and Pharmacy. • The Operational Planning Report was out as a final draft. 360 Assurance were awaiting one action owner to confirm the implementation date, and then Michelle Arrowsmith would be asked for formal approval to issue that report. • The current first time follow up rate was 91% which was a significant assurance for the Head of Internal Audit Opinion and the plan time was 73% complete. • The Interim Head of Internal Audit Opinion was attached as Appendix C to the report. • In terms of Strategic Risk Management and the Board Assurance Framework, 360 Assurance anticipated being able to provide a significant assurance opinion at the end of the year. • 360 Assurance had reviewed the ICB's arrangement for the Board Assurance Framework and concluded that the arrangements were operating throughout the year. • In respect of the Internal Audit outturn, 360 Assurance were not yet able to give an opinion on that element because there were four core reviews currently ongoing that required completion. Hopefully these would be through in time for the next submission on 24 April. • Implementation of the Internal Audit actions was currently at 91%; 360 Assurance was anticipating significant assurance here. • It was noted that 360 Assurance had just started the follow up of the Transformation and Efficiency piece of work. There were some further actions that required completion, six of which were high risk. They were not necessarily sitting within the responsibility of the ICB; there were multiple System action owners. Based on the outcome of that report, there would be a form of words put into the next Interim Head of Internal Audit Opinion to reflect that piece of work. • The Chair reported that she was concerned that 360 Assurance were not yet able to give us the draft opinion at this stage. However, she did note from the performance that the ICB seemed to be dipping in terms of the speediness of its responses to some things. It was noted that ICB staff needed to understand the importance of completing work and responding promptly to 360 Assurance, despite what other 	
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distractions and pressures they might be under. It was noted that we did not want to find ourselves in a position where 360 Assurance could not give us a Head of Internal Audit Opinion because we had not responded in a timely enough basis. The Chair reported that she would flag this up in her report to ICB Board, but she noted that 360 Assurance seemed to be suggesting that they were reasonably confident that they would be able to give an opinion before the deadline.

The Audit and Governance Committee NOTED the Internal Audit Progress Report.

Counter Fraud Progress Report

Joanna Clarke presented the Counter Fraud Progress Report and highlighted the following:

- The NFI work was underway on the payroll matches with a focus on working whilst sick.
- The Counter Fraud Service (CFS) had developed an enhanced suite of department specific counter fraud awareness materials which was now available via the 360 Assurance website.
- The CFS had issued local alerts and fraud prevention notices to relevant ICB Officers to help CFS determine whether the issues raised represented new or changed risks to the ICB.
- A new alert was issued yesterday in relation to a CEO fraud, which unfortunately had been paid, but CFS were in the process of sorting through that, and they would be sending some updates on this as soon as they get some more information. As far as the CFS knew there had been four regional Trusts that had been hit with the same CEO fraud. Darran Green assured Committee that our team had checked out that fraud notification and it had not affected DDICB.
- The Chair referred to the standards checklist and reported that the ICB was showing as amber in one area around the risk assessment side of things; she asked why we had not been able to address this during the year.
- Joanna Clarke reported that it was nothing to do with the ICB, it was about the NHSCFA changing the goal posts midway through the year. Following discussions with Michelle Arrowsmith earlier, it appeared that a lot of that risk work had been done and would appease some the operational risks around fraud that the CFA were asking to be reviewed. It was noted that Joanna Clarke would request Michelle Arrowsmith share that report with her and she would then be able to log that work.

Audit and Governance Committee NOTED the Counter Fraud Progress Report.

<p>AG/2324/330</p>	<p>Internal Audit Recommendations Report</p> <p>Chrissy Tucker informed members that the Internal Audit Recommendations Report showed how the ICB was implementing recommendations from 360 Assurance.</p> <p>Committee Effectiveness Review (2324/DDICB/08): Completion of the four remaining actions from this audit were on track to be implemented by the current due date of 31 March 2024.</p> <p>It was noted that the Population Health Committee had completed its Committee Effectiveness Review this morning, which was not yet showing on this report.</p> <p>The development sessions for Quality & Performance Committee, and People & Culture Committee had both taken place, and the Terms of References had been agreed.</p> <p>A Committee Effectiveness Report was being drafted ahead of presentation to the ICB Board, alongside all Committee Terms of References, which would be approved by ICB Board on the 21 March.</p> <p>Data Quality & Performance Management Framework (2324/DDICB/05): Preliminary work on these actions was dependent on the finalisation of the ICB structures in April 2024. Discussions were also ongoing in terms of scrutiny and reporting arrangements for Data Quality. The Committee Effectiveness Report to Board in March would facilitate these discussions.</p> <p>The Audit and Governance Committee NOTED the Internal Audit Recommendations Tracker.</p>	
<p>FOR DECISION</p>		
<p>AG/2324/331</p>	<p>Audit and Governance Committee Terms of Reference</p> <p>Suzanne Pickering presented the Terms of Reference (ToR) for approval in readiness for onward distribution/approval to ICB Board. It was noted that the ToR were last presented to Committee in December and no further changes were required.</p> <p>The Audit Chair asked whether specific reference was required regarding the Green Plan and the ICB's role in overseeing it, and the Fit and Proper Persons Test. Suzanne Pickering agreed to amend and include these in the ToR.</p> <p>The Audit Chair referred to the membership of the Committee, the ToR still referred to Margaret Gildea attending by invitation, she understood that she was now a full member. Suzanne Pickering agreed to amend this.</p> <p>Jill Dentith referred to Appendix 2 and highlighted the diagram showing the Delegated Functions Programme Board. Helen</p>	

	<p>Dillistone thought this may be a throwback to the PODs. Whilst the Delegation Programme Board still meets around the transition of the delegated functions, and it met last year to oversee the transitioning of the PODs, this was now part of the ICB and had been embedded. Suzanne Pickering agreed to remove this section in the ToR.</p> <p>The Chair reported that there would be more delegations coming to the ICB in the future, and we may need clarification under that section that it was more of a task and finish thing and not something that was operational all the time.</p> <p>Audit and Governance Committee, with the minor amendments suggested above, APPROVED the Terms of Reference.</p>	<p>SP</p>
<p>AG/2324/332</p>	<p>Fit and Proper Person Test Framework</p> <p>Chrissy Tucker reported that on the 10 August 2023, Audit and Governance Committee had received a paper which provided an overview of the new Fit and Proper Person Test Framework guidance, which was published by NHSE on the 2 August 2023.</p> <p>In response to this the ICB had developed a framework to assess the appropriateness of an individual to discharge their duties effectively in their capacity as a Board member. The purpose was to strengthen/reinforce individual accountability and transparency for ICB Board members, thereby enhancing the quality of leadership within the NHS.</p> <p>It was noted that the framework aimed to help ICB Board members build a portfolio to support and provide assurance that they were fit and proper, whilst demonstrably unfit members would be prevented from moving between NHS organisations. The framework applied to ICB Board members who were ICB Executive Directors and Non-Executive Members.</p> <p>The framework should be seen as a core element of a broader programme of board development, effective appraisals and values-based (as well as competency-based) appointments – all of which were part of the good practice required to build a ‘healthy’ board.</p> <p>Ultimate accountability for adhering to this framework would reside with the ICB Chair, who would on an annual basis ensure a Fit and Proper Persons Test Assessment was completed for applicable ICB Board members. The process would also be followed throughout the recruitment process and upon appointment of new ICB Board members. Alongside this, it was expected that ICB Board members would complete a self-attestation, which would form part of the assessment.</p> <p>Chrissy Tucker thanked Frances Palmer, who had done all the work on this.</p>	

	<p>Jill Dentith highlighted section 6.6 overseeing the role of the ICB Chair, she felt this section was a little confusing regarding roles, especially 6.6.2, 6.6.3 and 6.6.4. Chrissy Tucker and Suzanne Pickering to seek further clarity on this section.</p> <p>The Audit and Governance Committee APPROVED the Fit and Proper Person Test Framework.</p>	CT/SP
PROCUREMENT		
AG/2324/333	<p>Procurement Highlight Report</p> <p>Lisa Innes presented the Procurement Highlight Report and drew attention to the following:</p> <ul style="list-style-type: none"> • There were two clinical procurements currently under an amber rating, Living Well Services, and the Wheelchair Services. • Living Well Services: ITT was due to close 21st December 2023. However, new information had come to light which suggested that published activity was likely to have been significantly underestimated. Due to the potential impact of this, the ICB made the decision to abandon the procurement process, robustly review activity, model and budget and re-procure ASAP in 2024. The new contract was initially due to commence 1st June 2024. The ICB was working with the incumbent provider in relation to activity and Procurement was expecting an update from the ICB in terms of next steps in early/mid-March 2024. Timeframes for procurement were to be agreed with ICB. • Craig Cook confirmed that the commissioning team were still actioning the review of the activity. • The Chair asked what was the timetable for this? • Craig Cook reported that he would need to go back to the commissioning team for a further update, but assured Committee that the ICB had the ability to extend the contract to give surety of supply. • The Chair reported that Committee continued to get reports stating that things were not going to schedule, that we were not compliant and were going at risk. This Committee was left not understanding why we were not sticking to schedule, and in terms of where we make decisions to go at risk, what the basis of that decision was. This Committee needed to know where we were at and what risks we were facing. The Chair felt it would be helpful to get confirmation that we did have an option to extend within the current contract, this had not been made clear in the report, and what the time scales were. • Wheelchair Services: Lisa Innes reported that since the paper was submitted to Committee, Procurement had gone out to market (6 March), and they were confident that we could still meet the timeline of 1 September 2024. • Transactional Services: Lisa Innes reported that two were listed. Advice and Guidance Services – this was subject to some legal concerns raised by the ICB. Procurement was awaiting confirmation of next steps as to whether an ITT was going to be 	CC

	<p>published or not. Craig Cook reported that this was going to the Executive Team next week with the proposal, and depending on the outcome of that may need to go to Committee.</p> <ul style="list-style-type: none"> • Mobile Phones: Lisa Innes reported that Procurement were working with Ged Connolly-Thompson to see whether this procurement was still required or not. Chrissy Tucker reported that the contract continued with the existing provider. It was noted that the ICB had a procurement attempt a year ago, and there had been 4 bidders, but none of them were able to deliver the service required. The ICB had stayed with the existing provider for the time being, but the plan was, as and when we had capacity, to go out and do the procurement. • Jill Dentith reported that it was desperately important that we got on top of procurement arrangements, not only in terms of clinical practice but also the finances to get those long-term recurrent savings. It was essential that we had an accurate forward plan of procurements and timescales. <p>The Audit and Governance Committee:</p> <ul style="list-style-type: none"> • REVIEWED the Highlight report for Derby and Derbyshire ICB. • NOTED status of projects – Current Clinical and Transactional Procurements and Completed projects. • REVIEWED key issues and activities over the current period. 	
<p>AG/2324/334</p>	<p>Procurement Process Review and Provider Selection Regime Update</p> <p>Chrissy Tucker presented the Procurement Process Review and Provider Selection Regime update and highlighted the following:</p> <ul style="list-style-type: none"> • Work was ongoing regarding the procurement process review. • The first meeting of the Commissioning and Procurement Oversight Group had taken place on 13 March 2024, which had been well attended. The first meeting had been used to set out the context and the background for why we needed to have such a meeting, and the purpose of the group. The ToR were discussed along with current clinical and transactional procurement issues. These meetings were going to be held monthly. For the next meeting the draft plan for 24/25 (clinical and non-clinical procurements) would be scrutinised by the group. • It was noted that the Atamis software programme, was being reviewed and a small task and finish group had been set up to work through the requirements of enabling this programme for our staff. The Executive team had signed off the necessary MOU and data agreement that was needed by the Department of Health and Social Security for us to take that step. • Arden and Gem CSU had looked at our intended procurement plans for 24/25 and although more work was required, we had got some outline advice for PSR routes, and a paper was to be 	

	<p>taken through the Executive team regarding our SLA with the CSU.</p> <ul style="list-style-type: none"> • Regarding PSR and the processes for PSR, we now had a draft process for Provider representations that would go to the Executive team next week. This paper detailed any concerns that Providers had about our process. • It was noted that an NHSE panel was also being convened, and we should receive some written guidance on that soon. • Chrissy Tucker reported that with regards to PSR, we had also had a meeting with Arden and GEM CSU to gain advice about Single Tender Waivers and what we do in the absence of those for clinical procurements. We should be receiving a flow chart from them next week as an aid memoir for staff, and we would be supporting staff working their way through the guidance. • SORD – A small subgroup had been established to review SORD, and a flow chart had been developed to support staff working through the SORD authorisation process. It was noted that a few commissioning colleagues had worked together on it, but it would go to the Commissioning and Procurement Oversight Group at their next meeting for a thorough review to ensure we had full agreement and understanding of the process. • The Chair reported that she did not feel as if she had a full understanding of the procurement process. It was noted that we have had quite a few contracts over the last few months in this report that stated the ICB had gone at risk, and/or not complied with regulations, and she wanted to understand who was making these decisions, what those risks were and who had got oversight to ensure that we were not falling foul of any legal challenge; this did not seem to sit with any bits of the action plan. • Craig Cook reported that the ICB needed to get better at describing the reality of the situation as opposed to taking the advice of our procurement experts, we needed a more objective view. He felt that sometimes the risk ratings in this report were not correct and that was for us to improve. Fundamentally, all the contracts that had been extended and where our procurement colleagues had expressed a risk, had been communicated to Executives and the relevant Subcommittees of the ICB Board (largely Population Health Committee or its predecessor the Clinical Commissioning Committee). • Craig Cook gave absolute assurance that contracts were not getting let without any of the right processes being followed. The Procurement Oversight Group would also ensure that the processes were sequenced properly going forwards, so that things were not being pitched last minute to Executives and Committees for approval. He went on to add that he felt quite confident that we now had a robust process in place. • Craig Cook apologised that perhaps in previous reports submitted to this Committee the risk descriptions needed to be more moderated to get a more proportionate view. • The Chair thanked Craig Cook for the above explanation and reported that this was why his presence at this committee was 	
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	<p>required; we had seen the CSU's assessments in previous reports but had not had anyone from the ICB to explain what that meant.</p> <ul style="list-style-type: none"> • Jill Dentith also welcomed Craig Cook's attendance at this Committee and was pleased that a lot of work going on in the background. However, the action plan was still showing a few reds, where we had missed the timelines, she understood that staff were busy, but we needed to get ahead in this area. • Donna Johnson referred to the Commissioning and Procurement Oversight Group and asked whether Audit and Governance Committee had oversight of the Group, and if so, it would need noting in the updated Audit and Governance Committee ToR. • Chrissy Tucker reported that because the majority of the work of the Commissioning and Procurement Oversight Group would be clinical commissioning and as it was a subgroup of the Population Health and Strategic Commissioning Committee (PHSCC), it would report in the first instance into there, but it would also have a responsibility to this Committee as well. It was noted that compliance reports/dashboards would be provided by Atamis to this Committee to show a better understanding of these issues. • The Chair asked Suzanne Pickering to check whether the Audit and Governance ToR needed to be amended to cover the issues raised regarding the Commissioning and Procurement Oversight Group to ensure we were governing this correctly and not duplicating reporting. <p>Audit and Governance Committee NOTED this update.</p>	<p>SP</p>
CORPORATE ASSURANCE		
GOVERNANCE		
<p>AG/2324/335</p>	<p>Delegation of Specialised Commissioning - Update Report</p> <p>Chrissy Tucker informed members that the purpose of this report was to appraise the committee of progress relating to the delegation of Specialised Services from NHSE to ICBs. The delegation of the responsibility takes effect from 1 April 2024, with the transfer of supporting staff to host ICBs scheduled to take place from 1 April 2025.</p> <p>The March ICB Board would receive a request for approval to sign off a number of documents, which would formalise the delegations between the ICB and NHSE. We had to return these documents to NHSE by 28 March 2024.</p> <p>Chrissy Tucker reported that there was still work to be done around some of the operational detail and expectations and therefore the paper being presented to Board had a few caveats, which were highlighted in the report to this Committee. It was noted that the ICB and NHSE would work on these throughout the Spring.</p>	

	<p>The report also shared the results of a self-assessment relating to Pharmacy, Optometry and Dental delegated services.</p> <p>The Audit and Governance Committee NOTED the Delegation of Specialised Commission Update Report.</p>	
<p>AG/2324/336</p>	<p>Board Assurance Framework Quarter 3 2023/24</p> <p>Helen Dillistone presented the Quarter 3 2023/24 Board Assurance Framework and reported that a slightly updated version would be presented to ICB Board next week. The following was highlighted:</p> <p><i>Strategic Risk 4: There is a risk that the NHS in Derbyshire is unable to reduce costs and improve productivity to enable the ICB to move into a sustainable financial position and achieve best value from the £3.1bn available funding.</i></p> <p>At the November meeting of the System Finance, Estates and Digital Committee, it was recommended that Strategic Risk 4 was increased in risk score from a very high score of 16 to a very high score of 20, effective from November 2023. The reason for this increase was the very high likelihood of the system reporting a deficit position for 2023/24 and that there would be a significant, recurrent deficit.</p> <p>Helen Dillistone reported that given the financial challenges, Committee would be aware why that risk had been recommended to be increased. It was noted that in the BAF report there were no more significant changes to the scores recommended at this stage. However, the Committee was alerted that moving into Q4, there would be some changes to the closing positions and movement reflecting the work that was being done by the ICB.</p> <p>The Chair referred to the discussion at System Finance, Estates and Digital Committee around the financial sustainability and the triangulation with workforce and productivity and highlighted Strategic Risk 5. She wondered whether this risk was focused on the right issue now, as it focused on recruiting and retaining workforce, and we had more staff than budgeted for. There may be gaps in some areas, but she wondered whether this risk needed to be a bit more nuanced in terms of making sure we had got the right workforce and that it was linked to our affordability.</p> <p>Helen Dillistone reported that there was a significant discussion taking place with Julian Kelly this afternoon looking at the money, workforce, and activity performance and she hoped that we would get a very clear steer around what we could and could not do. It was noted that we needed to reflect on the language of this risk, because we were not in the place of growing our workforce. The Chair asked Helen Dillistone to flag this issue in the report going to ICB Board.</p> <p>Jill Denith reported that People and Culture Committee had a</p>	<p>HD</p>

	<p>conversation about workforce, activity, and performance at their last meeting. It was noted that Linda Garnett and Sukhi Mahill had agreed to have a look at some of these areas; it was not about increasing the numbers, but increasing productivity and the focus for that was workforce.</p> <p>The Chair reported that all Committees had been looking at their actions and whether their actions properly reflected where we needed to be and what we needed to be doing going forwards.</p> <p>The Audit and Governance Committee:</p> <ul style="list-style-type: none"> • RECEIVED the Q3 BAF strategic risks 1 to 10. • NOTED the increase in risk scores for Strategic Risk 4 from a very high score of 16 to a very high score of 20. 	
<p>AG/2324/337</p>	<p>ICB Corporate Risk Register Report – February 2024</p> <p>Chrissy Tucker presented the Risk Register Report, as at 29 February 2024, the Audit and Governance Committee were responsible for five ICB Corporate risks, three of which were currently scored high:</p> <p><i>Risk 11: If the ICB does not prioritise the importance of climate change it will have a negative impact on its requirement to meet the NHS's Net Carbon Zero targets and improve health and patient care and reducing health inequalities and build a more resilient healthcare system that understands and responds to the direct and indirect threats posed by climate change.</i></p> <p><i>Risk 15: The ICB may not have sufficient resource and capacity to service the functions to be delegated by NHSEI.</i></p> <p><i>Risk 16: With the review of ICB structures there is a risk of increased anxiety amongst staff due to the uncertainty and the impact on well-being.</i></p> <p>It was noted that there were no changes to any of the scores this month.</p> <p>The Chair understood that the ICB was still reviewing/going through the process of the new ICB structure, and asked whether Risk 16 was likely to see a reduction in score in the not-too-distant future? Chrissy Tucker reported that hopefully by the next Committee meeting we would be able to reduce that risk score.</p> <p>The Audit and Governance Committee:</p> <ul style="list-style-type: none"> • RECEIVED the risks which were the responsibility of the Committee. • NOTED Appendix 2 which detailed the full ICB Corporate Risk Register. 	

<p>AG/2324/338</p>	<p>Risk Management Deep Dive – Strategy and Planning</p> <p>Michelle Arrowsmith reported that PHSCC had a development session this morning regarding Committee effectiveness and there had been a detailed discussion about the risks the Committee was responsible for:</p> <p>ICB Corporate Risk Register</p> <ul style="list-style-type: none"> • There were currently 4 open operational risks held on the ICB Corporate Risk Register, 2 of these risks were held within the Public Risk Register and 2 risks within the Confidential Risk Register. • 1 operational risk held on the Public Risk Register was recommended to be closed. • A further 3 new, operational risks were proposed, to be held on the Confidential Risk Register. <p>Board Assurance Framework (BAF) Strategic Risks</p> <ul style="list-style-type: none"> • There were currently 3 Strategic Risks which were the responsibility of PHSCC. One had a very high score, and two had high scores. <p>Michelle Arrowsmith highlighted the following risks that PHSCC were responsible for and gave a brief presentation of the current position:</p> <p><i><u>Risk 03:</u> There is a risk to the sustainability of individual GP practices (due to key areas detailed) across Derby and Derbyshire resulting in failure of individual GP Practices to deliver quality Primary Medical Care services resulting in negative impact on patient care.</i></p> <p>This risk was currently scored at a very high 16 (probability 4 x impact 4).</p> <p><i><u>Risk 18:</u> There is a risk of patient harm through existing safeguarding concerns due to patients being able to pro-actively view their medical record from 1st November 2022. This is a result of national changes to the GMS contract required by NHSE/I.</i></p> <p>This risk was currently scored at a moderate 6 (probability 2 x impact 3).</p> <p><i><u>Confidential Risk 04C:</u> There is risk of challenge from patients relating to inequity of service provision during the first year of Glossop being included in the Derbyshire ICB due to differing clinical policies currently in place. These specifically relate to IVF and Gluten-Free prescribing policies.</i></p> <p>This risk was currently scored at a moderate 6 (probability 3 x impact 2).</p>	
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	<p><u>Confidential Risk 10C</u>: There is a risk of reputational damage and public challenge to the ICB due to the service options being explored to mitigate the financial and service demand challenges in respect of the Post (Long) COVID Syndrome Service for 2024/25 onwards.</p> <p>This risk was currently scored at a high 8 (probability 4 x impact 2).</p> <p><u>NEW Confidential Risk 11C</u>: There is a risk to patients referred to the Community Podiatry service, delivered by DCHS, due to a lack of sufficient staff capacity to meet demand, resulting in the likelihood of deterioration and potential harm to patients.</p> <p>This proposed, new risk was currently scored at a high 10 (probability 5 x impact 2).</p> <p><u>NEW Confidential Risk 12C</u>: There is a risk to patient and staff experience and organisational reputation, due to increased demand for vasectomy services in Derbyshire delivered (and sub-contracted) by DCHS, resulting in increasing wait from referral to treatment.</p> <p>This proposed, new risk was currently scored at a high 10 (probability 5 x impact 2).</p> <p><u>NEW Confidential Risk 13C</u>: There is a risk to patient and staff experience and organisational reputation, due to the increased demand for Tier 3 Weight Management services in Derby & Derbyshire delivered by DCHS, resulting in increasing wait times from referral to accessing the services. There is a risk of a legal challenge to the ICB and the Provider if a patient meets the NICE TAG eligibility criteria and the approved weight loss drug cannot be made available to them.</p> <p>This proposed, new risk was currently scored at a high 15 (probability 5 x impact 3).</p> <p>It was noted that the above three new risks were on DCHS's Risk Register and had not been accepted by PHSCC as they were very provider focused, and we needed to make sure that they were System strategic and population health focused. Committee had asked that these risks be re-worked into a risk around capacity and demand for Community Services.</p> <p>Michelle Arrowsmith reported that due to time constraints at its meeting this morning, PHSCC had requested another development session specifically for risks; this would be planned in due course.</p> <p>The Chair reported that after the additional development session for PHSCC, she would welcome a further presentation at Audit and Governance Committee about how risks were being formally accepted and managed within Committees. An additional risk</p>	<p>MA</p>
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	<p>management deep dive presentation on Strategy and Planning was to be scheduled on the forward planner.</p> <p>Board Assurance Framework (BAF)</p> <p><i>Strategic Risk 7: There is a risk that decisions and actions taken by individual organisations are not aligned with the strategic aims of the system, impacting on the scale of transformation and change required.</i></p> <p>This Strategic Risk was currently scored at a high 12.</p> <p><i>Strategic Risk 8: There is a risk that the system does not establish intelligence and analytical solutions to support effective decision making.</i></p> <p>This Strategic Risk was currently scored at a high 12.</p> <p><i>Strategic Risk 9: There is a risk that the gap in health and care widens due to a range of factors including resources used to meet immediate priorities which limits the ability of the system to achieve long term strategic objectives including reducing health inequalities and improve outcomes.</i></p> <p>This Strategic Risk was currently scored at a very high 16.</p> <p>It was noted that PHSCC were content with the ownership of the above risks. However, the work behind the scenes for these strategic risks, regarding ownership, how actions were reported on and measured was felt to need further clarification.</p> <p>The Audit and Governance Committee thanked Michelle Arrowsmith for the Deep Dive on risks assigned to PHSCC.</p>	
<p>AG/2324/339</p>	<p>Annual Complaints Report 2022/23</p> <p>Lisa Butler presented the Annual Complaints Report for 2022-23. It was noted that this report was for information and assurance purposes around the ICB's complaints handling process.</p> <p>During 2022/23, the former Clinical Commissioning Group (CCG) and Integrated Care Board (ICB) had received 171 formal complaints from its resident population, of which 32 related to the CCG/ICB's statutory functions.</p> <p>It was noted that the number of complaints attributed to the actions of the CCG/ICB was 60% higher than the number received by the former CCG in 2021/22. Overall complaint activity was 41% higher than in 2021/22.</p> <p>Lisa Butler reported that there had been one referral made to the Parliamentary and Health Service Ombudsman (PHSO) in June 2022. This case related to a complaint received in 2020/21, which related to a request for a retrospective review of a CHC case that</p>	

	<p>had been upheld for CHC funding by NHSE following an Independent Review Panel (IRP). The request had been declined because there was evidence that the individual's care needs had been previously considered during the period prior to the CHC assessment. Following an initial review, the PHSO confirmed that no further action was warranted, and the case was closed.</p> <p>The Audit and Governance Committee NOTED the content of the Annual Complaints Report 2022/23.</p>	
<p>AG/2324/340</p>	<p>Draft 2023/24 Annual Governance Statement</p> <p>Suzanne Pickering presented the draft 2023-24 Annual Governance Statement.</p> <p>The draft Annual Governance Statement was found within the Accountability Report section of the Annual Report. It was noted that it had been produced in accordance with the guidance and template as directed by NHS England. The Committee were asked to provide feedback and comments to the Corporate Governance Team (either Frances Palmer or Suzanne Pickering).</p> <p>It was noted that for assurance purposes, the Interim Head of Internal Opinion had been received from our Internal Auditors and had been uploaded to the NHSE Sharepoint ahead of the deadline of noon on the 1 March 2024.</p> <p>The deadline for the draft Annual Report to be submitted to NHSE and our External Auditors was by 9am on the 24 April 2024.</p> <p>Jill Dentith reported that in year the title of System Finance and Estates Committee had changed to System Finance, Estates and Digital Committee. In parts of the AGS it was referred to by its previous title; for consistency she requested that it be changed to its new title. It was also noted that the membership of this Committee was altered in year. Jill Dentith had emailed Frances Palmer with an update of the membership and Suzanne Pickering agreed to amend as necessary.</p> <p>Jill Dentith referred to the Fit and Proper Persons Test Framework and asked whether it needed to be included within the AGS? Suzanne Pickering agreed to include it and reported that it would be part of the Board performance section in terms of what we were doing, and lessons learned.</p> <p>The Audit and Governance Committee:</p> <ul style="list-style-type: none"> • RECEIVED the initial draft of the 2023/24 NHS Derby and Derbyshire ICB Annual Governance Statement; and • AGREED to provide comments and feedback directly to the Corporate Governance Team. 	<p>SP</p> <p>SP</p>

<p>AG/2324/341</p>	<p>Mandatory Training Compliance Report</p> <p>Chrissy Tucker presented the Mandatory Training Compliance Report and highlighted the following:</p> <ul style="list-style-type: none"> • The report showed the current compliance with mandatory training. • At the last presentation of this report to Committee, it was noted that there had been low numbers for Safeguarding Adults training at Level 2. Work had been done on this, with a virtual session being delivered covering Levels 1-3; there was a time lag whilst we await certification for those people who had undertaken that training to be uploaded onto ESR, and as a result the figures still appeared to be low. By the next report this should have improved greatly. • It was noted that this report had had an additional column added showing the actual numbers required to do the training and what the percentages meant in terms of those that had done the training so far. • There was also an update contained in the report for some of the mandatory training that was not included within ESR currently, eg Net Zero/Sustainability Training and EPRR Awareness Training. • Jill Dentith reported on the difficulties she had experienced with training on ESR and being able to obtain certificates for modules she had completed. Chrissy Tucker reported that she would get one of her team to contact her to try and help with the issue. The Chair informed Jill Dentith to try and take a screenshot next time she completed training, and she could then email that in as proof of completion, and it could then be updated manually by the ESR Team. <p>The Audit and Governance Committee RECEIVED the Mandatory Training Compliance Report.</p>	<p>CT</p>
<p>AG/2324/342</p>	<p>EPRR and Business Continuity Report</p> <p>Chris Leach presented the EPRR and Business Continuity Report and highlighted the following:</p> <ul style="list-style-type: none"> • Two documents had been brought forwards for approval by Committee, the first being the EPRR Policy which was due for its annual review, and Business Continuity Management System. • The EPRR Policy had been overhauled since last year and now reflected comments received by NHSE from the core standards assessment last year. • Business Continuity Management System: this document over pins and underpins how we did business continuity within the ICB. There had been an extensive piece of work to update this document to ensure that it aligned to ISO 22301. • There had been six incidents since the last reporting period, three sets of industrial action, one social media incident at the 	

	<p>Community Trust, Storm Hank which ran concurrently with the industrial actions, and an amber snow response (the health service did not actually declare this incident but supported Local Authority colleagues in responding).</p> <ul style="list-style-type: none"> • A training update was included within the report, which had to be brought forward as part of the core standards. We had a KPI set for 80% against all our key statutory training that we had to provide. We were on track for this year; the training programme commenced in January. • We had delivered all our mandatory statutory exercises for this year, and we had a couple more planned. It was noted that an exercise was due in May (Exercise Nergal in relation to infectious diseases and pandemic preparedness) and partners would be involved in this. • The Chair requested, that in future, when Committee was due reviews of policies, that it would be helpful to highlight what bits had been changed from the previous version and provide an Executive Summary. Chris Leach agreed to provide this in future. • Audit and Governance Committee APPROVED the EPRR Policy and Business Continuity update. <p>The Audit and Governance Committee:</p> <ul style="list-style-type: none"> • NOTED the EPRR and Business Continuity Update. • APPROVED the DDICB EPRR Policy and DDICB Business Continuity Management System. 	CL
AG/2324/343	<p>Equality Delivery System (EDS) 2023/24</p> <p>Claire Warner presented the Equality Delivery System 2023-24 Report and highlighted the following:</p> <ul style="list-style-type: none"> • This update was to assure the Audit and Governance Committee that requirements had been met for reporting Domain 1 of the EDS system which supported evidence compliance with the Public Sector Equality Duty. • EDS 2022 was a generic system designed for both NHS Commissioners and NHS Providers. As different systems apply EDS 2022/23 outcomes to their performance, NHS organisations should do so regarding their specific roles and responsibilities. • EDS 2022 implementation by NHS Provider organisations was mandatory in the NHS Standard Contract and the completion of an EDS was part of Provider CQC inspections. • It was noted that we had organised a System wide event with our Providers, as had been done last year, and Claire Warner was intending to convene a System wide Group to reflect on lessons learned regarding scoring. • The event had lasted 3 hours with two projects for each Provider and one from the ICB. 	

	<ul style="list-style-type: none"> • Each Provider and the ICB had achieved an overall score of developing. A summary of the scoring was detailed within the report. • Key risks were highlighted, namely, short term operational needs against longer term health outcomes, and this was especially true for two of the projects presented by UHDB - Alcohol care and Tobacco dependency. Both were brilliant pieces of work and had identified that they supported a broad range of people in the community and accessible to everybody. However, both projects did not have any longer-term funding, and there was a risk that those services may not be around to next year. • The Chair had a slight query on the recommendations in this report, in that members had been asked to approve the Equality Delivery System 2023/24 process and outcome. She was not entirely sure about what Committee was approving, the report summarised the scores, but it was difficult for members who were not part of that discussion on the day to understand what was behind that. She asked whether Committee needed to approve this report, or was it just receiving it? • Claire Warner reported that it was requested that senior level leadership approve it; NHSE had even suggested it go to Board level for approval. She had made sure that Providers knew they needed to do that internally also. • The Chair highlighted the section of the report at the end which stated: This report provided a summary of Duties in meeting the Equality Delivery System which supported evidence in meeting the Public Sector Equality Duty. The work presented evidenced ways in which the Derby and Derbyshire ICS delivered its functions, having due regard in: <ul style="list-style-type: none"> • eliminating unlawful discrimination. • advancing equality of opportunity between people who share a protected characteristic. • encouraging good relations between those who share a protected characteristic and those who do not. • The Chair felt that looking at this report, there was no evidence that we had done all those things. As a result, she would struggle to recommend the approval of this report. • Helen Dillistone asked Claire Warner whether there was some further information available to this Committee to give them additional assurance to demonstrate that we could evidence the above. • It was noted that the link to all the information that members required was noted within the report: https://joinedupcarederbyshire.co.uk/about-us/equality-inclusion-and-human-rights/ • The EDS report with scoring had been published on the ICB website on Thursday 29 February. However, it was noted that we could make changes at any stage, and Claire Warner 	
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	<p>reported that she would be happy to pull a summary together for Committee members if it would help.</p> <ul style="list-style-type: none"> It was noted that the Chair and Jill Dentith would review the supporting evidence outside of the meeting via the above link, with a view to approving this return virtually. <p>Audit and Governance Committee RECEIVED the Equality Delivery System 2023/24 return, which scored each area as developing. Subject to a review of the supporting evidence outside of the meeting, it was hoped that this return would be approved virtually by Committee and brought back to the next meeting in May.</p>	SS/JED
FINANCE		
AG/2324/344	<p>ICB Financial Position Review – M10</p> <p>Darran Green reported that as of 31st January 2024, the ICB's financial position was £4.1m underspent year-to-date and had a forecast position of £9.6m underspent. This had been achieved by recognising the £9.8m Dental underspend and non-recurrent balance sheet savings of £7.8m to offset the additional pressures the ICB was currently experiencing.</p> <p>Delegated Primary Care Co-Commissioning continued to forecast an overspend and therefore was not meeting the statutory duty to remain within the specific allocation. This was due to the national contracting arrangements committing the ICB to a level of expenditure greater than the delegated allocation. The ICB had held a meeting with NHS England (NHSE) to review the financial pressures across primary care medical services. They were currently investigating the causes of some of the pressures, and this had been followed up at other meetings held with NHSE. The ICB were continuing to chase NHSE for a response.</p> <p>The ICB efficiency delivery at the end of January 2024 was £4.8m over the year-to-date plan and current forecast outturn positions recorded on ePMO indicated the ICB would exceed its efficiency target by £3.4m, the reduction in over delivery was due to some of the plans being higher in the last two months of the year. Plans with a red or amber RAG rating had a medium to high delivery risk and accounted for £5.4m (11%) of the expected delivery of £47.6m. There would be an ongoing pressure into 2024/25 due to the delivery of only £21.4m of recurrent efficiencies against a plan of £33.2m. Work would continue to identify additional recurrent efficiencies or in year savings in order to reach a breakeven and improve the recurrent position.</p> <p>The forecast was a surplus of £9.6m as part of the system pathway to a £47.7m deficit. This was driven by the ICB receiving a share of the industrial action and excess inflation allocation of £3.0m non recurrent benefits of dental and balance sheet savings in addition to underspends in Running Costs and programme spending. This was offsetting the overspends including excess inflation pressures</p>	

	<p>in GP prescribing, Mental Health care packages, Primary Care Co-Commissioning and Community Health Services</p> <p>The surplus of £9.6m continued to carry risks which were illustrated by the worst-case scenario reducing the underspend to £7.7m.</p> <p>To help keep the ICB on track, operational risks needed to be continually addressed by the Executive Directors and teams were expected to make sure additional efficiency opportunities were identified and progressed through the appropriate gateways in order to achieve the planned and additional savings required in the current year and moving into 2024/25.</p> <p>The Chair thanked Darran Green for this update and referred to the Primary Care funding issues, she noted that we were not being funded enough currently, and from the report it appeared that it was unlikely that we would be able to recover the position in the current year. She asked whether this would be resolved going forwards as we could not keep carrying a difference at that scale?</p> <p>Darran Green reported that this had been highlighted to NHSE and he continued to do so at every opportunity. It was not unique to Derbyshire, and it was noted that many Systems were now seeing their delegated allocations were insufficient to meet the commitments that were being made by setting those prices nationally. In our planned submission, there was a separate area for all those delegated services, and we were showing, that things being equal, that would be a deficit next year; we did not have the ability to mitigate insufficient allocations.</p> <p>The Chair felt this was important, particularly with the increase in delegations in other areas, and she felt it could become a creeping area of concern as we get all the other delegated budgets if we could not mitigate it out of the resources we had elsewhere.</p> <p>Darran Green reported that with POD and Specialised Commissioning, as they had been delegated 12 months ago, risk sharing pooling arrangements had been built in locally and designed by Systems to mitigate some of that; this should not be the solution to it, it should be adequate allocations.</p> <p>Jill Dentith reported that this Committee had spoken about the risks associated with the delegated commissioning as part of the risk register conversation, it was not just about staff, it was about the money as well. We needed to ensure that we clearly articulated the actual risk that we were suffering with this. Jill Dentith then turned to the acute out of area provider contract risk, which was now being included within the summary and asked whether we were expecting any of that back?</p> <p>Darran Green reported that the ICB was taking two approaches to that. One was around looking at the contracts and what activity levels those contracts were based on, and then looking to rebase</p>	
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	<p>them. In many instances, we were paying for more activity for Derbyshire patients that were currently going over the border, into Greater Manchester, South Yorkshire and to a degree in Nottinghamshire. It was felt that we had every justification to do that, and the planning guidance allowed us to do that. But there was an element of genuine efficiency on top of that and our CEO was quite adamant that we should try to keep pursuing that and we would. We were looking to pursue that in the contracts that we set going forward. One of the things we had to be cognizant of though, is that it was probably a circular piece of work, in that if we tried to take a level of efficiencies that had been delivered by Providers in Nottinghamshire, then it was highly likely that Nottinghamshire ICB would come looking to our Providers and take some efficiencies out of there.</p> <p>Darran Green gave the example of UHDB who were within our System, and we had to account for all their deficit as a Derbyshire deficit. But what we do know was that Derbyshire only commissioned 60% of their activity, 40% of the activity done by that Provider was done outside of Derbyshire; a lot of it was because of the footprint that Trust had outside of the county. Every ICB and every System had those cross-border flows, but with UHDB having a physical footprint of an acute and two community hospitals in Staffordshire and of course EMAS, who provided services across the whole of East Midlands it did make a difference to our standing.</p> <p>The Chair reported that Committee really appreciated all the work that Darran Green and the team did on this, and she felt we were probably in as good a position as we could be currently. She felt all we could do was keep flagging up what those System risks were, particularly with UHDB and EMAS. The ICB was doing as much as it could to mitigate those risks and the Chair was pleased to see that our recurrent levels were relatively high going forwards.</p> <p>The Chair felt we needed to keep on top of the Delivery Boards and what we were expecting them to do, as they were not able to deliver the efficiencies that were allocated to them this year, we needed to understand why that was, and how we could move that forward in the next year.</p> <p>The Audit and Governance Committee NOTED the M10 ICB Financial Position.</p>	
<p>AG/2324/345</p>	<p>Losses and Special Payments/ Write Offs Report</p> <p>Darran Green reported that there were no Losses or Special Payments to report in the last quarter.</p> <p>Donna Johnson gave an update regarding the ongoing fraud reported at the last meeting. It was still ongoing and Joanna Clarke (Counter Fraud, 360 Assurance), was dealing with that together with the national team. Donna Johnson reported that a formal</p>	

	<p>complaint had been made to the bank about how they had dealt with the issue; as a result, we were still not recognising it as a loss.</p> <p>Donna Johnson gave an update around the loss brought to Confidential Audit and Governance Committee in November 2023. It was noted that we were in the process of getting Treasury approval for that payment, which was crucial to ensure we were acting within regulations. The Chair asked for a further update when the Treasury gives its approval.</p> <p>Audit and Governance Committee NOTED the Losses and Special Payments/Write Off verbal update.</p>	
AG/2324/346	<p>Mental Health Investment Standard (MHIS) Statement of Compliance 2022/23</p> <p>Darran Green presented the Mental Health Investment Standard Statement of Compliance 2022/23 and highlighted the following:</p> <ul style="list-style-type: none"> • This paper sets out the process established by the ICB to meet the MHIS standard. • It was noted that KPMG were in the process of finalising their Audit in this area. There had been some last-minute testing of transactions that needed to be completed. • Timothy Wakefield gave a verbal update regarding this Audit. It was noted that testing was almost complete, and providing that this went smoothly (which he anticipated it would), no issues had arisen that required highlighting. <p>The Audit and Governance Committee NOTED the Mental Health Investment Standard Statement of Compliance for 2022/23. The expected publication of the outcome of the Audit would be by 15th March 2024.</p>	
FOR INFORMATION		
AG/2324/347	<p>Non-Clinical Adverse Incidents</p> <p>Chrissy Tucker reported that there were no non-clinical adverse incidents to report.</p>	
MINUTES AND MATTERS ARISING		
AG/2324/348	<p>Minutes from the Audit and Governance Committee Meeting held on 8 February 2024</p> <p>The minutes from the meeting held on 8 February 2024 were agreed as a true and accurate record.</p>	
AG/2324/349	<p>Action Log from the Audit Committee Meeting held on 8 February 2024</p> <p>The action log was reviewed and updated during the meeting.</p>	

CLOSING ITEMS		
AG/2324/350	<p>Forward Planner</p> <p>The forward planners for 2024/25 were presented, the following addition was to be made:</p> <p>Update - Risk Management Deep Dive – Strategy and Planning (Michelle Arrowsmith) – date to be agreed.</p> <p>The Audit and Governance Committee NOTED the Forward Planner.</p>	DD
AG/2324/351	<p>Assurance Questions:</p> <p>Has the Committee been attended by all relevant Executive Directors and Senior Managers for assurance purposes? YES</p> <p>Were the papers presented to the Committee of an appropriate professional standard, did they incorporate detailed reports with sufficient factual information and clear recommendations? YES</p> <p>Has the committee discussed everything identified under the BAF and/or Risk Register, and are there any changes to be made to these documents as a result of these discussions? YES</p> <p>Were papers that have already been reported on at another committee presented to you in a summary form? NO</p> <p>Was the content of the papers suitable and appropriate for the public domain? NO</p> <p>Were the papers sent to Committee members at least 5 working days in advance of the meeting to allow for the review of papers for assurance purposes? YES</p> <p>Does the Committee wish to deep dive any area on the agenda, in more detail at the next meeting, or through a separate meeting with an Executive Director in advance of the next scheduled meeting? NO</p> <p>What recommendations do the Committee want to make to the ICB Board following the assurance process at today’s Committee meeting? NONE</p>	
AG/2324/352	<p>Any Other Business</p> <p>It was noted that this would be Darran Green's last Audit and Governance Committee before he took retirement from the ICB. The Chair, KPMG, 360 Assurance and Committee wished him all the best and thanked him for his hard work over the many years he had served within the various organisations of the NHS; he would be greatly missed.</p> <p>There was no further business.</p>	
DATE AND TIME OF NEXT MEETING		
Date: Thursday 2 May 2024		
Time: 2.00PM		
Venue: MS Teams		

Signed: Dated:
(Chair)