

## NEL Clinical Commissioning Group Governing Body

29 June 2022, 1.00pm – 1.40pm, MS Teams

	Item	Time	Lead	Attached/ verbal	Action required
<b>1.0</b>	<b>Welcome, introductions and apologies</b>	<b>1.00</b>	<b>Chair</b>		
1.1	Declaration of conflicts of interest			<b>Attached</b>	<b>Note</b>
1.2	Minutes of the meeting held on 16 June 2022			<b>Attached</b>	<b>Approve</b>
1.3	Matters arising			<b>Attached</b>	<b>Note</b>
<b>2.0</b>	<b>Auditor's annual report</b>	<b>1.05</b>	<b>HB</b>	<b>Attached</b>	<b>Note</b>
<b>3.0</b>	<b>NEL ICS transition due diligence report</b>	<b>1.10</b>	<b>CC</b>	<b>Attached</b>	<b>Note</b>
<b>4.0</b>	<b>Questions from the public</b>	<b>1.20</b>	<b>Chair</b>	<b>Verbal</b>	<b>Discussion</b>
<b>5.0</b>	<b>Items for noting</b>	<b>1.35</b>			
5.1	Audit & Risk Committee chair's report and minutes		<b>KP</b>	<b>Attached</b>	<b>Note</b>
<b>6.0</b>	<b>Any other business and close</b>	<b>1.40</b>	<b>Chair</b>	<b>Verbal</b>	<b>Discussion</b>

## Glossary of terms and abbreviations

Term	Explanation
BH	Barts Health NHS Trust
BP	Borough Partnership
BHR	Barking and Dagenham, Havering and Redbridge
BHRUT	Barking, Havering and Redbridge University Hospitals NHS Trust
C&H	City and Hackney
CAMHS	Children and Young People Mental Health Services
CCG	Clinical Commissioning Group
CEO	Chief Executive Officer
CFO	Chief Finance Officer
CHC	Continuing Healthcare
DoH	Department of Health
ELFT	East London NHS Foundation Trust
GBAF	Governing Body Assurance Framework
HUH	Homerton University Hospital NHS Foundation Trust
IAPT	Improving Access to Psychological Therapies
ICB	Integrated Care Board
ICP	Integrated Care Partnership
ICS	Integrated Care System
NEL	North East London
NELCA	North East London Commissioning Alliance
NELFT	North East London Foundation Trust
NELHCP	North East London Health and Care Partnership
NHSE/I	NHS England and Improvement
PELC	Partnership of East London Co-operatives
PHE	Public Health England
PBP	Place Based Partnership
PPGs	Patient Participation Groups
PPI	Patient and Public Involvement
PTL	Patient Tracking List
RTT	Referral to Treatment
TNW	Tower Hamlets, Newham and Waltham Forest
UEC	Urgent and Emergency Care
UTC	Urgent Treatment Centre
WX	Whipps Cross Hospital

Name	Position/Relationship with CCG	Committees	Declared Interest	Name of the organisation/business	Nature of interest	Valid From	Valid To	Action taken to mitigate risk
Anil Mehta	Redbridge Clinical Chair	BHR ICP Health and Care Cabinet BHR ICP Primary Care Management Group BHR ICP Quality and Performance Oversight Group (QPOG) BHR Integrated Care Partnership Board (ICPB) Area Committee NEL CCG Governing Body NEL CCG Primary Care Commissioning Committee (PCCC)	Financial Interest	Fullwell Cross Medical Centre	GP Partner	2013-01-01		Declarations to be made at the beginning of meetings
			Financial Interest	Metropolitan Police	Forensic Medical Examiner	2015-01-01		Declarations to be made at the beginning of meetings
			Financial Interest	NHSE	GP Appraiser	2015-01-01		Declarations to be made at the beginning of meetings
			Financial Interest	Healthbridge Direct	Shareholder	2014-01-01		Declarations to be made at the beginning of meetings
			Financial Interest	Fouress Enterprise Ltd	Director	2015-01-01		Declarations to be made at the beginning of meetings
			Financial Interest	Prescon	Ad-hoc screening work	2018-01-01		Declarations to be made at the beginning of meetings
			Indirect Interest	The Cleaning Company	Sister-in-law is owner	2013-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	London Healthwise Ltd (non-trading)	Director	2009-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	GMC	Associate	2019-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	NEL CCG	Registered as a patient at a GP practice in NEL.	2000-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Redbridge Health and Wellbeing Board	Vice Chair	2013-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Anglia Ruskin University Medical School	Lecturer	2019-01-01		Declarations to be made at the beginning of meetings
Non-Financial Professional Interest	QMUL	GP Tutor	2021-01-01		Declarations to be made at the beginning of meetings			
Archana Mathur	Director of Performance and Assurance	NEL CCG Finance & Performance Committee NEL CCG Governing Body NEL CCG Quality Committee	Indirect Interest	NHSX	Husband employed as Director of Platforms at NHSX	2020-04-01	2021-04-01	Declarations to be made at the beginning of meetings
Atul Aggarwal	Havering Clinical Chair	BHR ICP Finance Sub-committee BHR ICP Health and Care Cabinet BHR Integrated Care Partnership Board (ICPB) Area Committee NEL CCG Finance & Performance Committee NEL CCG Governing Body	Financial Interest	Maylands Healthcare	GP Partner	2013-01-01		Declarations to be made at the beginning of meetings
			Financial Interest	Maylands Healthcare Ltd	Director and shareholder in on-site pharmacy	2013-01-01		Declarations to be made at the beginning of meetings
			Financial Interest	Essex Medicare LLP	Part-owner (which owns Westland Clinic, Hornchurch. Space rented out to: - Inhealth (Diagnostics) - Nuffield Health (Brentwood) - Communitas Clinics (Dermatology and gynaecology)	2014-01-01		Declarations to be made at the beginning of meetings
			Financial Interest	Havering Health Ltd	Shareholder. GP partner at Maylands Surgery (Dr Joti) is a Director	2014-01-01		Declarations to be made at the beginning of meetings
			Indirect Interest	Parkview Dental Practice	Sister is NHS Dentist within Havering she is an associate and does not own the business	1996-01-01		Declarations to be made at the beginning of meetings
			Indirect Interest	Westlands Clinic (Langton Dental) who has an outsourced contract with BHRUT for oral surgery)	Spouse is dentist	2018-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Barking, Dagenham and Havering LMC	Co-opted member	2013-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Havering and Wellbeing Board	Member	2013-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Anglia Ruskin University Medical School	Lecturer	2019-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Personal Interest	NEL CCG	Registered as a patient at a GP practice in NEL.	1990-01-01		Declarations to be made at the beginning of meetings
Financial Interest	Buxton Medica LTD	Prather at Surgery who is director or company - I am a shareholder	2021-10-31		Declarations to be made at the beginning of meetings			
Charlotte Harrison	Independent Secondary Care Specialist	NEL CCG Audit & Risk Committee NEL CCG Governing Body NEL CCG Quality Committee NEL CCG Primary Care Commissioning Committee (PCCC)	Non-Financial Professional Interest	South West London and St Georges Mental Health NHS Trust	Clinical Director and Consultant Psychiatrist	2021-10-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	CYP Covid-19 Recovery Steering Group	Co-Chair	2020-01-01		Declarations to be made at the beginning of meetings
Christopher Cotton	Director of Strategy and System Transformation	NEL CCG Governing Body	Non-Financial Personal Interest	Hillsborough Court Limited	Director	2018-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	PA Consulting, PwC LLP	Previous employee	2011-01-01	2021-01-01	Declarations to be made at the beginning of meetings
Diane Jones	Chief Nurse	NEL CCG Finance & Performance Committee NEL CCG Governing Body NEL CCG Primary Care Commissioning Committee (PCCC) NEL CCG Quality Committee	Non-Financial Professional Interest	Royal College of Nursing (RCN)	Professional membership	2020-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Royal College of Midwives (RCM)	Professional membership	1994-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Nursing & Midwifery Council (NMC)	Professional membership	1992-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	London Clinical Senate	Member	2017-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Homerton Hospital	Midwife (honorary contract)	2015-01-01		Declarations to be made at the beginning of meetings

			Non-Financial Personal Interest	Group B Strep Support (GBSS)	Director and Trustee	2020-01-01		Declarations to be made at the beginning of meetings
Fiona Smith	Independent Board Registered Nurse	TNW Finance & Performance Sub-committee TNW ICP Area Committee/ Delivery Group TNW Quality, Safety and Improvement Sub-committee  NEL CCG Finance & Performance Committee NEL CCG Governing Body NEL CCG Primary Care Commissioning Committee (PCCC) NEL CCG Quality Committee	Financial Interest	Honest Partners Ltd (a healthcare management consultancy)	Director and co- owner	2015-01-01		Declarations to be made at the beginning of meetings
			Indirect Interest	Honest Partners Ltd	Spouse is a shareholder	2015-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	First Community Health and Care, Surrey	Non-Executive Director	2019-11-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	First Community Health and Care CIC	I am a Non- Executive director at FCHC. FCHC is a community services social enterprise provider, in Surrey and West Sussex.	2019-11-01		Declarations to be made at the beginning of meetings
Henry Black	NEL CCG Chief Finance Officer and Chief Finance & Performance Officer Designate of the Integrated Care Board for NEL	NEL CCG Governing Body BHR Integrated Care Partnership Board (ICPB)/ Area Committee BHR Integrated Care Executive Group (ICEG) TNW ICP Area Committee/ Delivery Group	Indirect Interest	BHRUT	Wife is Assistant Director of Finance	2018-01-01		Declarations to be made at the beginning of meetings
			Indirect Interest	Tower Hamlets GP Care Group	Daughter is Social Prescriber	2020-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	NHS Clinical Commissioners	Board Member	2018-01-01	2021-07-31	Declarations to be made at the beginning of meetings
Jagan John	NEL CCG Chair	BHR ICP Health and Care Cabinet BHR Integrated Care Partnership Board (ICPB)/ Area Committee NEL CCG Governing Body NEL CCG Quality Committee NEL CCG Remuneration Committee	Financial Interest	Parkstone Holdings Ltd	Director	2020-02-02		Declarations to be made at the beginning of meetings
			Financial Interest	Aurora Medcare (previously known as King Edward Medical Group)	GP Partner	2020-01-01		Declarations to be made at the beginning of meetings
			Financial Interest	Parkview Medical Centre	GP Partner	2020-05-01		Declarations to be made at the beginning of meetings
			Financial Interest	Together First Limited (GP Federation)	Practice is a shareholder	2014-01-01		Declarations to be made at the beginning of meetings
			Financial Interest	Harley Fitzrovia Health Limited	Director and Shareholder	2018-01-01		Declarations to be made at the beginning of meetings
			Financial Interest	Diagnostics 4u (previously Monifeth Ltd)	Director and Shareholder	2020-10-01		Declarations to be made at the beginning of meetings
			Indirect Interest	Aurora Medcare (previously known as King Edward Medical Group)	Other GPs are family members	2020-01-01		Declarations to be made at the beginning of meetings
			Indirect Interest	New West Primary Care Network	Brother / GP Partner is the Clinical Director	2020-11-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Personalised Care - Healthy London Partnerships and NHS England London Region	Clinical Lead	2017-05-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	North East London Foundation Trust - Barking and Dagenham Community Cardiology Service	GPWSI in Cardiology	2011-08-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Barking and Dagenham Health and Wellbeing Board	Deputy Chair	2018-01-01		Declarations to be made at the beginning of meetings
			Financial Interest	Buxton Medica	GP partner is director and practice is share holder	2021-10-31		
Kash Pandya	Lay Member Governance and Audit Chair	BHR ICP Finance Sub- committee BHR Integrated Care Partnership Board (ICPB)/ Area Committee NEL CCG Audit & Risk Committee NEL CCG Finance & Performance Committee NEL CCG Governing Body NEL CCG Primary Care Commissioning Committee (PCCC)	Financial Interest	Southend-on-Sea Borough Council	Independent Audit Committee Member	2016-01-01		Declarations to be made at the beginning of meetings
			Financial Interest	Essex Police, Fire and Crime Commissioner's Audit Committee	Independent Audit Committee Member	2021-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	University of Essex	Independent Audit Committee Member	2014-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Personal Interest	Brentwood Citizen's Advice Bureau	General Advisor	2009-01-01		Declarations to be made at the beginning of meetings
			Indirect Interest	Metro Bank	Son is Procurement Manager	2019-01-01		Declarations to be made at the beginning of meetings
			Indirect Interest	Accenture	Son is a Legal Director	2017-01-01		Declarations to be made at the beginning of meetings
Ken Aswani	Waltham Forest Clinical Chair	TNW Finance & Performance Sub-committee TNW ICP Area Committee/ Delivery Group NEL CCG Finance & Performance Committee NEL CCG Governing Body	Financial Interest	Allum Medical Centre	GP Partner	1990-01-01	2021-04-29	Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	NEL RCGP Faculty	Member	1995-01-01	2021-04-29	Declarations to be made at the beginning of meetings
			Financial Interest	Fednet	Member Practice	2014-01-01	2021-04-29	Declarations to be made at the beginning of meetings
			Financial Interest	CQC	GP Inspector (Not in NE London)	2014-01-01	2021-04-29	Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Clinical Panel	Advisory Role (Not in NE London)	2015-01-01	2021-04-29	Declarations to be made at the beginning of meetings
Khalil Ali	Lay Member for PPI	NEL CCG Audit & Risk Committee NEL CCG Governing Body NEL CCG Remuneration Committee NEL CCG Quality Committee NEL CCG Primary Care Commissioning Committee (PCCC)	Financial Interest	NEL CCG	Registered as a patient at a GP practice in NEL.	2019-01-01		Declarations to be made at the beginning of meetings
			Indirect Interest	St Francis Hospice, Havering	Spouse is a regular donor	2017-01-01		Declarations to be made at the beginning of meetings
			Indirect Interest	Cancer Research UK	Spouse is a regular donor	2017-01-01		Declarations to be made at the beginning of meetings
Marie Price	Director of Corporate Affairs	NEL CCG Audit & Risk Committee NEL CCG Governing Body NEL CCG Remuneration Committee	Indirect Interest	Greater London Authority	Partner works as NE London Region Lead	2017-01-01		Declarations to be made at the beginning of meetings

			Non-Financial Personal Interest	Lower Clapton GP Practice, Hackney	Registered as a patient at a GP practice in NEL.	2008-01-01		Declarations to be made at the beginning of meetings
			Indirect Interest	Cadence Partners	Close friends with managing partner and head of operations. Cadence Partners is an executive search firm.	2018-12-03		Declarations to be made at the beginning of meetings
			Indirect Interest	Hackney Council	Close friend with Strategic Director Engagement,  Culture and OD (also responsible for communications)	2020-01-01		Declarations to be made at the beginning of meetings
Mark Rickets	City and Hackney Clinical Chair	C&H Finance and Performance Subcommittee C&H Integrated Care Partnership Board (ICPB) NEL CCG Finance & Performance Committee NEL CCG Governing Body NEL CCG Primary Care Commissioning Committee (PCCC)	Financial Interest	GP Confederation	Nightingale Practice is a Member	2022-02-02		Declarations to be made at the beginning of meetings
			Financial Interest	Homerton University Hospital NHS Foundation Trust	Non-executive Director	2022-02-02		Declarations to be made at the beginning of meetings
			Financial Interest	Nightingale Practice (CCG Member Practice)	Salaried GP	2022-02-02		Declarations to be made at the beginning of meetings
			Indirect Interest	Health Systems Innovation Lab, School Health and Social Care, London South Bank University	Wife is a Visiting Fellow	2022-02-02		Declarations to be made at the beginning of meetings
Muhammad Naqvi	Newham Clinical Chair	NEL CCG Governing Body NEL CCG Primary Care Commissioning Committee (PCCC) TNW ICP Area Committee/ Delivery Group	Financial Interest	Woodgrange Medical practice	GP partner	2015-01-01		Declarations to be made at the beginning of meetings
			Financial Interest	NHC - Newham GP Federation, Woodgrange practice is a shareholder	GP partner	2015-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Personal Interest	Frenford clubs for young people (registered charity/ voluntary organisation)	Trustee	2012-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Newham Health and Wellbeing Board	Co-Chair	2018-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Al-Sabr Foundation (registered charity/ voluntary organisation)	Trustee	2021-01-01		Declarations to be made at the beginning of meetings
Noah Curthoys	Lay Member (Performance) NEL CCG	TNW Finance & Performance Subcommittee NEL CCG Audit & Risk Committee NEL CCG Finance & Performance Committee NEL CCG Governing Body NEL CCG Remuneration Committee	Non-Financial Professional Interest	Democratic Society	Council Member - unremunerated non-exec role, previously a paid Senior Partner from 2016 to 2019. Demosc has contracted with NHS England in the past.	2019-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	NHS Coastal West Sussex CCG	Chief of Corporate Affairs	2013-01-01	2015-01-01	Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Wallands Community Primary School	Governor - Co-opted governor, unremunerated, ended in July 2021	2014-01-01	2021-06-01	Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Priory School	Vice Chair and Local Authority Governor - unremunerated, voting member	2021-01-01		Declarations to be made at the beginning of meetings
			Financial Interest	Bridgenor Group Ltd	Director and owner of this market research consultancy, no contracts with the NHS	2015-01-01		Declarations to be made at the beginning of meetings
			Financial Interest	Northshott Consulting Ltd	Director and owner of this strategy consultancy, no contracts with the NHS	2011-01-01		Declarations to be made at the beginning of meetings
Sam Everington	Deputy Clinical CCG Chair and Clinical Chair Tower Hamlets	NEL CCG Governing Body	Financial Interest	Bromley By Bow Partnership - based at the Bromley by Bow Centre Charity 1999	Partner	1989-01-01		Declarations to be made at the beginning of meetings
			Financial Interest	NEL CCG Board (Tower Hamlets)	Committee member	2021-04-01		Declarations to be made at the beginning of meetings
			Financial Interest	Health & Wellbeing Board - (London Borough Tower Hamlets & Tower Hamlets ICP)	Deputy Chair	2016-01-01		Declarations to be made at the beginning of meetings
			Financial Interest	NHS Resolution	Associate non- executive	2018-01-01		Declarations to be made at the beginning of meetings
			Financial Interest	East London Foundation Trust	Non-executive Director	2020-01-01		Declarations to be made at the beginning of meetings
			Financial Interest	Bromley-by-Bow Ltd - Joint venture with Greenlight venture	Director	1st Jan 2020	-	Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	British Medical Association	Council member	1st Jan 1989	-	Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	MDDUS (Insurance for GP Partnership)	Member	1st Jan 2010	-	Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Queen Mary University London	Honorary Professor	1st Jan 2015	-	Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Queens Nursing Institute	Vice President	1st Jan 2016	-	Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	College of Medicine	Vice President and Council member	1st Jan 2010	-	Declarations to be made at the beginning of meetings

			Non-Financial Professional Interest	NESTA Advisory Board	Board Member	1st Jan 2018	-	Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Royal College of GPs	Member	1st Jan 1989	-	Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Health Education England	Medical Apprenticeship Committee - Chair	1st Jan 2021	-	Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Health Education England	GP Pilot Committee - Member	1st Jan 2018	-	Declarations to be made at the beginning of meetings
			Indirect Interest	Bromley-by-Bow Partnership	Partner is a partner and a director of nursing (runs - XX Place, St Andrews and Bromley-by-Bow Health Centres.)	1st Jan 1999	-	Declarations to be made at the beginning of meetings
			Indirect Interest	Bromley-by-Bow Partnership	Son is employed as receptionist	2020-11-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	British Medical Association	Vice President	2015		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	NHS Strategic Infrastructure Board	Board Member	2020		Declarations to be made at the beginning of meetings
Simon Hall	Director of Transformation	NEL CCG Governing Body NEL CCG Quality Committee	Non-Financial Professional Interest	University Schools Trust (Charitable Academy Trust responsible for running schools in the London Borough of Tower Hamlets and the Royal Borough of Greenwich)	Trustee	2018-05-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Metro Charity Ltd (diversity and equalities charity based in Woolwich running HIV, youth, mental health and disability services in the south of London and south east of England; organisation also has lead charitable role in both Greenwich and Lewisham boroughs).	Unpaid role. Metro does have some pan-London contracts for HIV and sexual health work.	2018-05-15		Declarations to be made at the beginning of meetings
			Non-Financial Personal Interest	The Keep Residents' Association Ltd. (residents' association in Blackheath, unpaid elected role)	Director	2015-11-10		Declarations to be made at the beginning of meetings
			Indirect Interest	Homerton University NHS Trust	Relative works in the governance team	2017-01-01		Declarations to be made at the beginning of meetings
Siobhan Harper	Director of Transition TNW ICP, NEL CCG	TNW Finance & Performance Sub-committee TNW ICP Area Committee/ Delivery Group TNW Quality, Safety and Improvement Sub-committee TNW Transformation and Innovation Committee NEL CCG Governing Body	Indirect Interest	Health and Justice at NHSE	Sister is Head of HJ	2021-01-01		Declarations to be made at the beginning of meetings

		NEL CCG Primary Care Commissioning Committee (PCCC) NEL CCG Quality Committee						
Steve Collins	Executive Director of Finance	TNW Finance & Performance Sub-committee TNW ICP Area Committee/ Delivery Group C&H Finance and Performance Subcommittee C&H Integrated Care Partnership Board (ICPB) BHR ICP Finance Sub-committee BHR Integrated Care Executive Group (ICEG) BHR Integrated Care Partnership Board (ICPB) Area Committee NEL CCG Audit & Risk Committee NEL CCG Finance & Performance Committee NEL CCG Governing Body NEL CCG Primary Care Commissioning Committee (PCCC) NEL CCG Remuneration Committee	Non-Financial Professional Interest	Trisett Limited (business support service)	Director	2003-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Sevenoaks Primary School	Chair of Governors	2002-01-01	2021-01-01	Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	Hope Church Sevenoaks	Chair of Trustees	2020-01-01		Declarations to be made at the beginning of meetings
			Indirect Interest	Fegans (charity)	Wife is Chair of Trustees	2017-01-01		Declarations to be made at the beginning of meetings
			Indirect Interest	PwC	Daughter is Senior Associate	2019-01-01		Declarations to be made at the beginning of meetings
Sue Evans	Lay Member Primary Care	C&H Finance and Performance Subcommittee C&H Integrated Care Partnership Board (ICPB) NEL CCG Audit & Risk Committee NEL CCG Governing Body NEL CCG Primary Care Commissioning Committee (PCCC) NEL CCG Remuneration Committee	Non-Financial Professional Interest	Worshipful Company of Glass Sellers' of London (City Livery Company) Charity Fund	Company Secretary / Clerk to the Trustees'	2014-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Personal Interest	North East London NHS	Self and family users of healthcare services in NEL	2017-01-01		Declarations to be made at the beginning of meetings
			Financial Interest	St Aubyn's School Charitable Trust	Trustee and Director of	2013-01-01		Declarations to be made at the beginning of meetings



North East London  
Clinical Commissioning Group

Zina Etheridge	NEL CCG Accountable Officer and Chief Executive Officer Designate of the Integrated Care Board for NEL	NEL CCG Governing Body	Indirect Interest	Royal Berkshire NHS Foundation Trust	Brother is employed as Head of Acute Medicine	2022-03-17		Declarations to be made at the beginning of meetings
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**North East London**  
Clinical Commissioning Group

- Nil Interests Declared as of 17/03/2022

Name	Position/Relationship with CCG	Committees	Declared Interest
Ceri Jacob	Managing Director, BHR ICP	BHR ICP Finance Sub-committee BHR ICP Primary Care Management Group BHR ICP Quality and Performance Oversight Group (IPOG) BHR Integrated Care Executive Group (ICEG) BHR Integrated Care Partnership Board (ICPB) Area Committee NEL CCG Governing Body NEL CCG Primary Care Commissioning Committee (PCCC) NEL CCG Quality Committee	Indicated No Conflicts To Declare.

**NEL CCG Governing Body**  
16 June 2022 - 12.00pm – 1.00pm, MS teams

**Draft minutes**

<b>Members</b>	
Dr Jagan John (JJ) - Chair	Chair, and Clinical Chair Barking and Dagenham
Zina Etheridge (ZE)	Chief Executive Officer
Khalil Ali (KA)	Lay Member for Patient and Public Involvement
Dr Ken Aswani (KA)	Clinical Chair, Waltham Forest
Henry Black (HB)	Chief Finance & Performance Officer Designate
Charlotte Harrison (CH)	Secondary Care Consultant
Dr Atul Aggarwal (AA)	Clinical Chair, Havering
Dr Anil Mehta (AMe)	Clinical Chair, Redbridge
Dr Muhammad Naqvi (MN)	Clinical Chair, Newham
Kash Pandya (KA)	Lay Member for Governance
Noah Curthoys (NC)	Lay Member for Performance
Dr Mark Rickets (MR)	Clinical Chair, City & Hackney (from 1.25pm)
Fiona Smith (FS)	Registered Nurse
<b>In attendance</b>	
Steve Collins (SC)	Executive Director of Finance, NEL CCG
Archana Mathur (AMa)	Director of Performance and Assurance, NEL CCG (until 2pm)
Marie Price (MP)	Director of Corporate Affairs, NEL CCG
Siobhan Harper (SH)	Transition Director, TNW - NEL CCG (until 2pm)
Anne-Marie Keliris (AMK)	Head of Governance, NEL CCG
Anna McDonald (AMc) (minutes)	Senior Governance Manager, NEL CCG
Mark Gilbey-Cross (MGC)	Director of Nursing
<b>Apologies</b>	
Sue Evans (SEva)	Lay Member for Primary Care and Deputy CCG Chair
Professor Sir Sam Everington (SEve)	Clinical Chair, Tower Hamlets and Deputy CCG Clinical Chair
Diane Jones (DJ)	Chief Nurse, NEL CCG

<b>1.0</b>	<b>Welcome, introductions and apologies</b>
	The Chair welcomed everyone to the meeting and apologies were noted.  There were no members of the public in attendance.
<b>1.1</b>	<b>Declaration of conflicts of interest</b>
	The Chair reminded members of their obligation to declare any interest they may have on any issues arising at the meeting which might conflict with the business of the CCG.



	<p>No additional conflicts were declared.</p> <p>Declarations declared by members of the governing body are listed in the CCG's Register of Interests. The Register is available either via the Governance Team or the CCG's <a href="#">website</a>.</p>
<b>1.2</b>	<b>Minutes of the last meeting</b>
	The minutes of the meeting held on 25 May 2022 were agreed as a correct record.
<b>1.3</b>	<b>Matters arising</b>
	The Governing Body noted the action taken since the last meeting.
<b>2.0</b>	<b>Annual report and annual accounts – 2021/22</b>
	<p>The draft annual report and draft annual accounts for 2021/22 were presented by MP and HB respectively. The draft documents have been reviewed and approved by the CCG's Audit and Risk Committee, together with external and internal auditors and the committee members made a recommendation to the Governing Body to approve the annual report and annual accounts in advance of the submission date to NHS England on 22 June 2022.</p> <p>In regard to the financial accounts, HB confirmed that the CCG has met all of its statutory duties and reported a small year-end surplus of £300k. It was noted that this is a substantial achievement in what has been an extremely financially challenged and complex environment. Following scrutiny from the CCG's external auditor's KPMG, the auditors have issued an un-qualified opinion. No issues have been raised in regard to value for money or regularity. A slight issue was raised in regard to the whole group accounts which related to a minor difference in the way the CCG recorded its opening position compared to the way that it is recorded by NHS England. HB confirmed the issue did not impact on the accounts.</p> <p>The following points were noted as part of the overall discussion:</p> <ul style="list-style-type: none"> <li>• The annual report and annual accounts were completed within a very tight timescale and to a very high standard.</li> <li>• A note of thanks was conveyed to; all the teams involved; Audit and Risk Committee members; external and internal audit colleagues and other partners for their support.</li> <li>• A further note of thanks was conveyed to all the clinicians and staff for the tremendous amount of service improvements that have taken place during 2021/22 under very challenging circumstances whilst at the same time, undertaking a huge amount of work as part of the transition from a CCG to the ICB.</li> <li>• The external auditor's annual report will be presented to the Governing Body at its final meeting on 29 June 2022: <b>ACTION: HB.</b></li> </ul> <p>The Governing Body agreed the recommendations set out in the report to:</p> <ul style="list-style-type: none"> <li>• Approve the annual report and accounts 2021/22 for submission to NHS England.</li> <li>• Agree to delegate authority to the Chief Executive Officer, Chief Finance and Performance Officer Designate and the Audit and Risk Committee</li> </ul>

	chair to resolve any issues should they arise before the final submission deadline on 22 June 2022.
<b>3.0</b>	<b>Questions for the public</b>
	No questions from the public had been received. The Chair reminded everyone that the final meeting of the NEL CCG Governing Body is on 29 June 2022 and welcomed questions in advance of the meeting from the public relating to the agenda.
<b>4.0</b>	<b>Any other business</b>
	Operose Health group - following the recent television programme on the Operose Health Group, the Chair assured Governing Body colleagues that the CCG has met with local leads to discuss the issues raised in the programme. The CCG will continue to work with colleagues through our quality arrangements to ensure that any lessons to be learned are acted upon quickly and that patients can be confident in the quality of services provided in all our GP practices.
<b>Date of the next meeting – 29 June 2022</b>	

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### NEL CCG Governing Body actions log

Action ref:	Meeting date	Action required	Lead	Required by	Status
2.0 Annual report and annual accounts – 2021/22	16 June 2022	The external auditor’s annual report to be presented to the Governing Body at its final meeting on 29 June 2022.	HB	29 June 2022	Agenda item.

### Closed actions

Action ref:	Meeting date	Action required	Lead	Required by	Status
3.2 Patient and Public Involvement update	23 March 2022	Confirmation requested as to whether an Equality Impact Assessment (EIA) has been undertaken in regard to the clinics established for people with learning disabilities in order to help identify other areas where reasonable adjustments for other groups may need to be considered.	MP	May	Update - an EIA is being carried out by NELFT.
1.3 Matters arising	25 May 2022	An update to be fed back to the governing body at the next meeting.		June	<b>Closed</b> - an Equality Impact Assessment has been undertaken.
2.2 Chief Executive	23 March 2022	Employment rights for clinicians in the ICS to be followed up outside of the meeting.	ZE/RP	April	

Action ref:	Meeting date	Action required	Lead	Required by	Status
<b>Officer's report</b>  <b>2.2 Chief Executive's report</b>	<b>25 May 2022</b>	A summary of the steps taken by the Remuneration Committee in regard to employment rights for clinicians in the ICS to be shared with the appropriate groups.	RP	June	<b>Closed</b> – summary has been shared and the matter is being addressed through the Remuneration Committee.

## NEL CCG Governing Body

29 June 2022

<b>Title of report</b>	Auditor's annual report
<b>Author</b>	Steve Collins, Executive Director of Finance
<b>Presented by</b>	Henry Black, Chief Finance & Performance Officer, Designate
<b>Contact for further information</b>	Steve Collins
<b>Executive summary</b>	<p><b>Introduction</b></p> <ul style="list-style-type: none"> <li>The Auditor's Annual Report provides a summary of the findings and key issues arising from our 2021-22 audit of NHS North East London CCG (the 'CCG'). Our external auditors, KPMG LLP have prepared it in line with the requirements set out in the Code of Audit Practice published by the National Audit Office and is required to be published by the CCG alongside the annual report and accounts.</li> <li>It also consider the key risks considered in reaching this opinion.</li> </ul> <p><b>Key Findings</b></p> <ul style="list-style-type: none"> <li>Accounts – KPMG have issued an unqualified audit opinion</li> <li>Annual Report – They have not identified any significant inconsistencies between the content of the annual report and our knowledge of the CCG, and confirmed that the Governance Statement had been prepared in line with the Department of Health and Social Care requirements</li> <li>Value for Money – They have not identified any matters that indicate the CCG does not have sufficient arrangements to achieve value for money.</li> <li>Regularity – They did not identify any matters where irregular expenditure had been incurred.</li> <li>Other Reporting – They did not consider it necessary to issue any other reports in the public interest</li> </ul>
<b>Action required</b>	Note
<b>Where else has this paper been discussed?</b>	Audit and Risk Committee
<b>Next steps/ onward reporting</b>	None
<b>What does this mean for local people?</b>	External audit are legally required to review the activities of the CCG. Value for money and appropriate use of resources forms part of the audit process.

<b>How does this drive change and reduce health inequalities?</b>	
<b>Conflicts of interest</b>	N/A
<b>Strategic fit</b>	<ul style="list-style-type: none"> <li>• High quality services for patients</li> <li>• Ensure the best use of resources</li> <li>• Develop our NEL integrated care system</li> </ul>
<b>Impact on finance, performance and quality</b>	External audit is a statutory requirement
<b>Risks</b>	<p>An unqualified audit opinion confirms the CCG has fulfilled its statutory financial duties</p> <p>However KPMG highlighted an inherent risk which applies to all CCGs as they transition to ICBs: <i>'Integrated Care Boards (ICBs) are to be established as statutory bodies from 1 July 2022 (previously planned for 1 April 2022) with the CCG ceasing to exist at this point. Given the significance of this change and impact on the CCG's structure we identified this as a significant risk to value for money.'</i></p> <p>However in respect of the CCG's transition plans KPMG noted: <i>'We have not identified any significant weaknesses in the CCG's governance arrangements or the preparations made to date for the transition to an Integrated Care Board'.</i></p>
<b>Equality impact</b>	N/A

# Auditor's Annual Report 2021/22

**NHS North East London CCG**

21 June 2022

## Key contacts

Your key contacts in connection with this report are:

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This report is addressed to NHS North East London (the CCG) and has been prepared for the sole use of the CCG. We take no responsibility to any member of staff acting in their individual capacities, or to third parties.

External auditors do not act as a substitute for the audited body's own responsibility for putting in place proper arrangements to ensure that public business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively.



# Summary

## Introduction

This Auditor’s Annual Report provides a summary of the findings and key issues arising from our 2021-22 audit of NHS North East London CCG (the ‘CCG’). This report has been prepared in line with the requirements set out in the Code of Audit Practice published by the National Audit Office and is required to be published by the CCG alongside the annual report and accounts.

## Our responsibilities

The statutory responsibilities and powers of appointed auditors are set out in the Local Audit and Accountability Act 2014. In line with this we provide conclusions on the following matters:

- **Accounts** - We provide an opinion as to whether the accounts give a true and fair view of the financial position of the CCG and of its income and expenditure during the year. We confirm whether the accounts have been prepared in line with the Group Accounting Manual prepared by the Department of Health and Social Care (DHSC).
- **Annual report** - We assess whether the annual report is consistent with our knowledge of the CCG. We perform testing of certain figures labelled in the remuneration report.
- **Value for money** - We assess the arrangements in place for securing economy, efficiency and effectiveness (value for money) in the CCG’s use of resources and provide a summary of our findings in the commentary in this report. We are required to report if we have identified any significant weaknesses as a result of this work.
- **Regularity** - We assess whether expenditure incurred is in line with the purposes for which it was provided.
- **Other reporting** - We may issue other reports where we determine that this is necessary in the public interest under the Local Audit and Accountability Act.

## Findings

We have set out below a summary of the conclusions that we provided in respect of our responsibilities:

<b>Accounts</b>	<p>We issued an unqualified opinion on the CCG’s accounts on 21 June 2022. This means that we believe the accounts give a true and fair view of the financial performance and position of the CCG.</p> <p>We have provided further details of the key risks we identified and our response on page 4.</p>
<b>Annual report</b>	<p>We did not identify any significant inconsistencies between the content of the annual report and our knowledge of the CCG.</p> <p>We confirmed that the Governance Statement had been prepared in line with the DHSC requirements.</p>
<b>Value for money</b>	<p>We are required to report if we identify any matters that indicate the CCG does not have sufficient arrangements to achieve value for money.</p> <p>We have nothing to report in this regard.</p>
<b>Regularity</b>	<p>We did not identify any matters where irregular expenditure had been incurred.</p>
<b>Other reporting</b>	<p>We did not consider it necessary to issue any other reports in the public interest.</p>

The table below summarises the key risks that we identified to our audit opinion as part of our risk assessment and how we responded to these through our audit.

Risk	Findings
<p><b><i>Management override of controls</i></b></p> <p>We are required by auditing standards to recognise the risk that management may use their authority to override the usual control environment. This is most likely to occur through the manipulation of manual transactions being posted to the general ledger or through applying bias to estimates made within the financial statements.</p> <p>We responded to this risk by identifying unusual and high risk transactions, and assessing whether management could support the purpose behind these transactions. We did not identify any significant estimates.</p>	<p>We have no adverse findings to report in respect of journal entry controls and we have not identified any adverse findings in respect of significant unusual transactions.</p> <p>We have not raised any recommendations relating to our testing performed on journals and areas of management judgement and influence.</p>
<p><b><i>Fraudulent expenditure recognition</i></b></p> <p>Auditing standards suggest for public sector entities a rebuttable assumption that there is a risk expenditure is recognised inappropriately. We recognised this risk over secondary healthcare expenditure (i.e. the purchase of healthcare from hospitals) and primary care co-commissioning (i.e. the purchase of healthcare from GP practices); predominantly that these expenditure balances may be overstated.</p> <p>We responded to this risk by assessing how management calculated year-end accruals to ensure that the costs actually existed and the accrual value was reasonable.</p>	<p>We identified some misstatements relating to this risk which have been corrected by management. We also identified some misstatements that have not been corrected by management, which were not material.</p>

# Value for money

## Introduction

We consider whether there are sufficient arrangements in place for the CCG for each of the elements that make up value for money. Value for money relates to ensuring that resources are used efficiently in order to maximise the outcomes that can be achieved.

We undertake risk assessment procedures in order to assess whether there are any risks that value for money is not being achieved. This is prepared by considering the findings from other regulators and auditors, records from the organisation and performing procedures to assess the design of key systems at the organisation that give assurance over value for money.

Where a significant risk is identified we perform further procedures in order to consider whether there are significant weaknesses in the processes in place to achieve value for money.

Further details of our value for money responsibilities can be found in the Audit Code of Practice at [Code of Audit Practice \(nao.org.uk\)](http://nao.org.uk)

## Matters that informed our risk assessment

The table below provides a summary of the external sources of evidence that were utilised in forming our risk assessment as to whether there were significant risks that value for money was not being achieved:

<b>CCG assessment framework</b>	The CCG has been assessed with a rating of 3 by NHS England, which raises no heightened risk from a VFM perspective.
<b>Governance statement</b>	There were no significant control deficiencies identified in the governance statement
<b>Head of Internal Audit opinion</b>	Reasonable assurance

## Commentary on arrangements

We have set out on the following pages commentary on how the arrangements in place at the CCG compared to the expected systems that would be in place in the sector.

## Summary of findings

We have set out in the table below the outcomes from our procedures against each of the domains of value for money:

Domain	Risk assessment	Summary of arrangements
<b>Financial sustainability</b>	No significant risks identified	No significant weaknesses identified
<b>Governance</b>	One significant risk identified	No significant weaknesses identified
<b>Improving economy, efficiency and effectiveness</b>	No significant risks identified	No significant weaknesses identified

# Value for money

Financial sustainability	
Description	Commentary on arrangements
<p>This relates to ensuring that the CCG has sufficient arrangements in place to be able to continue to provide its services within the resources available to it.</p> <p>We considered the following areas as part of assessing whether sufficient arrangements were in place:</p> <ul style="list-style-type: none"> <li>How the CCG sets its financial plans to ensure services can continue to be delivered;</li> <li>How financial performance is monitored and actions identified where it is behind plan; and</li> <li>How financial risks are identified and actions to manage risks implemented.</li> </ul>	<p>For 2020-21 and 2021-22 the Covid pandemic has had a major impact on the NHS and this has resulted in changes to the financial planning regime. From March 2020 normal contractual arrangements were suspended and the NHS moved to block contract payments on account. The value of these was determined centrally, rather than being agreed between the CCGs and providers. NHS organisations were also reimbursed with additional funding in order to reflect the additional costs incurred as a result of Covid-19. For 2021-22, block payment arrangements have continued between NHS commissioners and NHS providers, though the covid financial regime has been amended with most Covid costs now funded through block funding allocation rather than a retrospective reclaim as in 2020-21.</p> <p>We obtained the 2021-22 financial plans which outlined a break-even position. We found that the budget setting processes were able to identify and incorporate significant pressures into the financial plan to ensure it was achievable and realistic. We saw evidence that the budget was subject to challenge and review prior to approval by both budget holders and Finance Committee.</p> <p>The CCG had identified the key finance risks and these are reported through the Finance Risk Report. We reviewed the finance committee and Governing Body papers which demonstrated appropriate scrutiny and challenge of key financial risks.</p> <p>The focus in 2021-22 has continued to be upon delivery and response to the pandemic. However, there are processes where efficiency schemes are scrutinised and signed off before entering committee scrutiny and approval. Transformation Boards were restated from Q1 21/22 and all schemes and initiatives were reviewed in light of Covid. We have reviewed examples of cost improvement schemes approved during 2021-22. All the live schemes are monitored on a monthly basis at scheme level and any movements from plan are reflected in the forecast.</p> <p>At the year end (March 2022), the CCG had reported an allocation of £3,981,071k with a resulted performance of £3,980,778k, resulting in an overall surplus of £293k. Total efficiencies during the year amounted to £24,342k. Of the total efficiencies achieved, £11,127k has been identified as non-recurrent. While this is a high proportion this is consistent with our knowledge of the sector as a result of the pandemic.</p> <p>The CCG submitted 22/23 financial plans to NHSE/I in March and April as part of a system wide operating plan. The operating plan submissions highlighted a number of above “funding growth” inflationary pressures that systems are facing. Subsequently NHSE/I have allocated additional funding to help mitigate these inflationary pressures. All systems are required to resubmit a further operating plan on 20 June 2022 to take into account the impact of the additional funding of which it is anticipated that the CCG will submit a balances plan with a break-even position.</p> <p><b>Conclusion</b></p> <p>Based on the risk assessment procedures performed we have not identified a significant risk associated with financial sustainability.</p>

# Value for money

Governance	
Description	Commentary on arrangements
<p>This relates to the arrangements in place for overseeing the CCG's performance, identifying risks to achievement of its objectives and taking key decisions.</p> <p>We considered the following areas as part of assessing whether sufficient arrangements were in place:</p> <ul style="list-style-type: none"> <li>Processes for the identification and management of strategic risks;</li> <li>Decision making framework for assessing strategic decisions;</li> <li>Processes for ensuring compliance with laws and regulations;</li> <li>How controls in key areas are monitored to ensure they are working effectively.</li> </ul>	<p>We consider the CCG to have effective processes in place to monitor and assess risk. The CCG has a risk policy that defines the way that risks are captured, managed and reported. Financial risks are identified and managed in accordance with the CCG's risk management register. Our review of the most recent Board Assurance Framework confirmed all relevant risks had been included and appropriate mitigating actions taken to manage the key risks.</p> <p>We found that the CCG had appropriate controls in place around the prevention and detection of fraud. There is a local counter fraud service to provide assurance over arrangements to mitigate fraud and will report regularly to Audit and Risk Committee.</p> <p>We reviewed the governance arrangements in relation to budget setting and monitoring. We found there to be appropriate scrutiny and challenge of the budget. We reviewed a sample of monthly budget reports prepared and the corresponding Finance Committee meeting minutes. The reports provided a clear summary of financial position, forecasts against the budget and highlighted relevant emerging risks. There was also evidence of discussion and challenge in the meeting minutes. This has been identified as an area of good practice.</p> <p>We consider the CCG to have appropriate processes in place to monitor compliance with laws and regulations. Identification of new regulatory requirements is the responsibility of the relevant area (e.g. finance, contracting and procurement) and significant changes are communicated through the NHSE planning guidance.</p> <p>In the prior year we identified a special payment made by one of the predecessor CCGs to a former employee that did not receive the approval required under Managing Public Money. The CCG was subsequently unable to obtain retrospective approval. We have confirmed that the CCG has strengthened its Standing Financial Instructions and processes in order to prevent this from happening in the future. We are aware that the CCG has considered one potential special payment during the year, which we confirmed had been appropriately submitted for approval to HM Treasury.</p>

# Value for money

Governance (continued)	
Description	Commentary on arrangements
<p>This relates to the arrangements in place for overseeing the CCG's performance, identifying risks to achievement of its objectives and taking key decisions.</p> <p>We considered the following areas as part of assessing whether sufficient arrangements were in place:</p> <ul style="list-style-type: none"> <li>Processes for the identification and management of strategic risks;</li> <li>Decision making framework for assessing strategic decisions;</li> <li>Processes for ensuring compliance with laws and regulations;</li> <li>How controls in key areas are monitored to ensure they are working effectively.</li> </ul>	<p>The CCG ensures compliance with expected standards of behaviour through a staff code of conduct available on the intranet site and through regular briefings. There is a requirement for all staff to complete an annual Declaration of Interest which is reviewed and signed off a the Deputy Director or Director. There is also a clearly documented gifts and hospitality policy.</p> <p>We found appropriate scrutiny, challenge and transparency around decision making. Business cases are presented to the Finance Committee and Governing Body following internal review and approval. We reviewed a sample of business cases for 2021-22 and found these included appropriate financial and non-financial assessment and that there was evidence of scrutiny.</p> <p>Integrated Care Boards (ICBs) are to be established as statutory bodies from 1 July 2022 (previously planned for 1 April 2022) with the CCG ceasing to exist at this point. Given the significance of this change and impact on the CCG's structure we identified this as a significant risk to value for money. The CCG is coordinating the work across the North East London patch to design and launch the new integrated care system (ICS). Our review has not identified any concerns regarding preparations. Based on the evidence obtained on the CCG's transition into an ICB, we were assured of the CCG's preparation for the transition, including the progress made against the transition plan. This also is deemed to be in line with the ICS timeline of transition. We noted that project management and oversight over the transition preparations were made by way of the appointed ICB positions made early on to ensure the transition remains on track. Oversight by the NEL ICS Transition Oversight Group were periodically made through regular updates provided. We did not identify any significant weaknesses in these arrangements.</p> <p><b>Conclusion</b></p> <p>We have not identified any significant weaknesses in the CCG's governance arrangements or the preparations made to date for the transition to an Integrated Care Board.</p>

# Value for money

## Improving economy, efficiency and effectiveness

Description	Commentary on arrangements
<p>This relates to how the CCG seeks to improve its systems so that it can deliver more for the resources that are available to it.</p> <p>We considered the following areas as part of assessing whether sufficient arrangements were in place:</p> <ul style="list-style-type: none"> <li>▪ The planning and delivery of efficiency plans to achieve savings in how services are delivered;</li> <li>▪ The use of benchmarking information to identify areas where services could be delivered more effectively;</li> <li>▪ Monitoring of non-financial performance to assess whether objectives are being achieved; and</li> <li>▪ Management of partners and subcontractors.</li> </ul>	<p>We found appropriate processes in place to ensure that the CCG used information about costs and performance to improve the way they managed and delivered services. The CCG prepares a monthly finance report with summary of financial position and forecasts against the budget. This is presented at Finance Committee and used to identify any improvements.</p> <p>Non financial performance is monitored through performance reports presented to the Governing Body and other relevant groups, such as the Quality and Performance Oversight Group. We have reviewed a sample of papers and corresponding meeting minutes which showed clear monitoring of progress against NHS targets.</p> <p>We note that the System Oversight Framework rating was 3. The rating was driven by several factors including planned care performance at a system level and the assessment of one of the providers within the locality. We have confirmed the CCG has plans in place to address these areas of concern.</p> <p>We found that the CCG engaged effectively with ICS partners with examples of improvements delivered by transformation boards. These include: expansion of community treatment teams, a new single point of access discharge, the Musco-skeletal single point of access and the Uro-gynae pathway. The CCG's Governing Body receive and review reports from its area committees, which hold delegated authority across North East London's three constituent sub-systems. Key proposals or decisions are taken back to statutory boards of partner organisations to ensure that overall decision-making is maintained for matters affecting each organisation.</p> <p>We found effective processes in place to monitor outsourced services. There were regular meetings with providers with performance assessed against NHS standards as specified in contracts.</p> <p><b>Conclusion</b></p> <p>Based on the risk assessment procedures performed we have not identified a significant weaknesses associated with the arrangements for improving economy, efficiency and effectiveness.</p>



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## NEL CCG Governing Body

29 June 2022

<b>Title of report</b>	NEL ICS Transition Due Diligence Report
<b>Author</b>	Carl Edmonds – Deputy Director, ICS Transition Programme
<b>Presented by</b>	Christopher Cotton, Director of ICS transition
<b>Contact for further information</b>	<a href="mailto:c.edmonds@nhs.net">c.edmonds@nhs.net</a> <a href="mailto:christopher.cotton1@nhs.net">christopher.cotton1@nhs.net</a>
<b>Executive summary</b>	<p>The role of the ICS Transition Programme is to lead and co-ordinate the establishment of the statutory ICS from 1 July 2022, including the formation of the NHS North East London (the new Integrated Care Board (ICB)) and the safe closedown of North East London Clinical Commissioning Group (CCG).</p> <p>There are leadership and programme structures in place to support colleagues from across the system to ensure all key deliverables and due diligence actions are complete and to generate regular reports to an oversight group comprising CCG lay members and trust non-executive directors.</p> <p>The key programme deliverables are complete or on track for 1 July. The final elements of the ICB governance arrangements and the transfer of London Shared Service (LSS) colleagues are still being worked through and will be completed on 1 July.</p> <p>The Readiness to Operate statement is a list of essential tasks to be undertaken to close down the CCG and establish the ICS. All tasks are complete or on track.</p> <p>The ICB’s Chief Executive designate submitted this view to NHS England and Improvement (NHSEI) on 10 June and this was verified through a moderation meeting with the NHSEI regional team on 16 June.</p> <p>The due diligence actions are on track, with no significant delivery concerns. All of the 493 actions have been completed or are being actively managed.</p> <p>The programme receives regular review from the CCG’s internal auditors (RSM) and legal advisors (Browne Jacobson), which both state that the programme management process is robust and that key tasks are on track.</p>
<b>Action required</b>	To note and confirm assurance regarding the transition.

<b>Where else has this paper been discussed?</b>	Programme reporting (including due diligence) is shared each month at the ICS Oversight Group and ICS Transition Delivery Group.
<b>Next steps / onward reporting</b>	The programme team will produce a final due diligence completion report, using information from taken from July programme delivery status meetings, for the ICB's board and audit and risk committee. It will outline any outstanding actions, risks, and issues, and how they will be managed after 1 July.
<b>What does this mean for local people? How does this drive change and reduce health inequalities?</b>	<p>The purpose of NEL's ICS is to work with and for all the people of North East London to create meaningful improvements in health, wellbeing and equity.</p> <p>Including through co-production on the ICS's four flagship priorities – relating to mental health, employment, long-term conditions, and children and young people – the ICS brings together partners to drive improvements in access, experience, and outcomes.</p> <p>The ICS's new working with people and communities strategy, which focusses on people participation, sets out ambitions for how local people contribute to leadership and decision-making within the ICS.</p>
<b>Conflicts of interest</b>	None.
<b>Strategic fit</b>	Developing our ICS and preparing for a smooth transition of CCG functions and people to NHS North East London is one of the CCG's corporate objectives.
<b>Impact on finance, performance and quality</b>	The programme has operated largely within existing resources, including a dedicated programme lead and assistant programme manager. There is an expectation that working as an ICS will enable all partners to improve value and efficiency through collaborative decision-making that allocates resources to where they have the greatest impact on health, wellbeing, and equity and drives provision of more integrated care to higher quality and performance standards.
<b>Risks</b>	Risks and issues related to ICS transition programme delivery are discussed each month with the ICS Transition Oversight Group, which comprises CCG lay members and trust non-executive directors. They are also shared the CCG audit committee and managed through the ICS Transition Delivery Group. There has been a reduction in risks numbers and scores since May.
<b>Equality impact</b>	NEL's system development plan identifies how each workstream within the ICS transition programme has made the tackling of inequalities core to its approach. A staff equality impact assessment was completed as a part of TUPE process of transferring CCG staff into NHS North East London.

# North East London ICS Transition Programme

Programme report for the NEL CCG Governing Body  
29 June 2022

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# 1. Executive summary

# Executive summary

- The role of the ICS Transition Programme is to lead and co-ordinate the establishment of the statutory ICS from 1 July 2022, including the formation of the NHS North East London (the new Integrated Care Board (ICB)) and the safe closedown of North East London Clinical Commissioning Group (CCG).
- There are leadership and programme structures in place to support colleagues from across the system to ensure all key deliverables and due diligence actions are complete and to generate regular reports to an oversight group comprising CCG lay members and trust non-executive directors.
- The key programme deliverables are complete or on track for 1 July. The final elements of the ICB governance arrangements and the transfer of London Shared Service (LSS) colleagues are still being worked through and will be completed on 1 July.
- The Readiness to Operate statement is a list of essential tasks to be undertaken to close down the CCG and establish the ICS. All tasks are complete or on track.
- The ICB's CEO designate submitted this view to NHSEI on 10 June and this was verified through a moderation meeting with the NHSEI regional team on 16 June.
- The due diligence actions are on track, with no significant delivery concerns. All of the 493 actions have been completed or are being actively managed.
- The programme receives regular review from the CCG's internal auditors (RSM) and legal advisors (Browne Jacobson), which both state that the programme management process is robust and that key tasks are on track. The most recent opinion from Browne Jacobson is referenced and embedded on page 22.

## 2. Overview and objectives

# The NEL ICS transition programme

- NEL's ICS transition programme objectives are to drive the work required to:
  - design and implement the ICS, which must enable delivery of the ICS's purpose;
  - deliver the organisational transition that will close down the CCG and establish the new statutory ICB organisation.
- The total sum of work involved in delivering NEL ICS has been divided into these three categories.
  1. **Improving and equalising** access, experience and outcomes: to develop the strategy for the ICS and drive delivery of transformation that improves and equalises access, experience, and outcomes across North East London
  2. **System design**: to deliver the core components of the ICS and the ways of working required to enable them to deliver the ICS's objectives
  3. **Organisational transition**: to deliver the safe close down of the CCG and establishment of the statutory ICS organisation for 1 July 2022

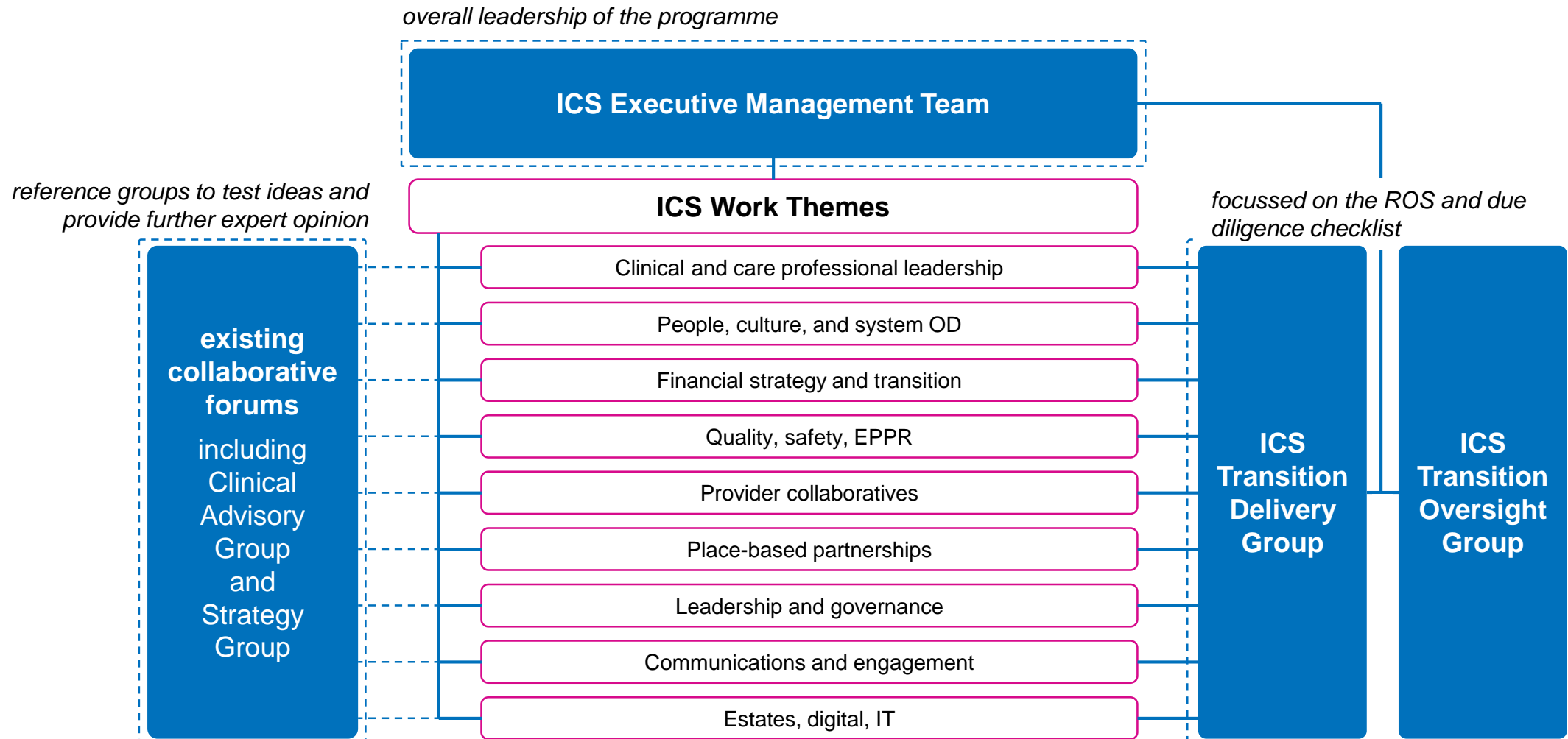
While categories one and two are ongoing as they focus on long-term planning and delivery, organisational development, and system design, the third category is a time limited piece of work to ensure key programme of work ensure a smooth organisation transition is in place and includes HR and TUPE, asset transfer, IT, finance ledger and contract transfer.



# Programme delivery

- The work undertaken under the **system design** and **organisational transition** work categories are largely captured within NHS England's readiness to operate statement (ROS) and due diligence checklist.
  - This report focuses currently on these aspects of the programme.
  - A number of work themes were identified, based on the ROS and due diligence checklist. Each work theme had a delivery plan, which included key actions, interdependencies, risks, issues and resource needs.
  - A dashboard of key deliverables has monitored throughout the duration of the programme (slide 10-11).
  - The NEL ICS programme team generates monthly reports for the ICS Oversight Group which are shared with the ICS Transition Delivery Group and CCG Audit Committee.
- The structure for the programme is shown on the next slide. This includes:
    - at the start of the programme overall leadership of the programme came from the ICS Senior Leaders' Group. This group became the **ICS Executive Management Team** from January 2022 and comprises NHS and local authority chief executives;
    - delivery through **work themes**, configured in to groups and sub-groups according to need;
    - management of delivery through the **ICS Transition Delivery Group**, made up of work theme and ICS representatives, and providing support, review, and a platform to manage interdependencies, focussed on the ROS and due diligence checklist
    - independent oversight through the **ICS Transition Oversight Group**, with primarily non-executive representation and;
    - other **collaborative forums**, such including the ICS's Clinical Advisory Group and Strategy Group, will act as reference groups to test ideas and provide further expert opinion.

# Programme structure



# Key deliverables dashboard (20/06/2022)

Work theme	Key deliverables	Lead	Due Date	Status	Comment
Programme Team	CEO designate due diligence process written assurance	CC	01/06/22	Complete	Submitted to NHSEI on 1 June
	First due diligence report	CC	13/06/22	Complete	On Oversight group agenda for 20 June
	Final due diligence report	CC	18/07/22	On track	For ICB board and audit committee
	ICB corporate objectives	MP	30/06/22	On track	To be completed during June ICB development sessions
	Final readiness to operate statement	CC	10/06/22	Complete	Submission to NHSE on 10 June
Place based partnerships	Place-based committees ToRs	MP	30/06/22	On track	In draft. Will be ready for 1 July
	Place-based partnerships ToRs	By place	30/06/22	On track	In draft. Will be ready for 1 July
Provider Collaboratives	Acute provider collaborative ToR	MP	30/06/22	On track	In draft. Will be ready for 1 July
	Primary care provider collaborative ToR	CJ	30/06/22	On track	In draft. Will be ready for 1 July
	Mental health provider collaborative ToR	MP	30/06/22	On track	In draft. Will be ready for 1 July
Leadership and governance	Essential policies reviewed and revised for ICB	MP	27/05/22	Complete	Evidence-based interventions and HR policies ready for 1 July; CHC and fertility deferred to September with agreement from NHSE
	Governance handbook ready for approval	MP	30/06/22	On track	In draft. Will be ready for 1 July
	ICB constitution	MP	20/05/22	Complete	Approved by regional lead and national lead

# Key deliverables dashboard (20/06/2022)

Work theme	Key deliverables	Lead	Due Date	Status	Comment
Financial strategy and transition	Standing Financial Instructions	HB	30/06/22	On track	In draft. Will be ready for 1 July.
	Scheme of reservation and delegation	HB	30/06/22	On track	In draft. Will be ready for 1 July.
People, culture and OD	ICS People function	RP	30/06/22	Complete	Marked complete through NHSEI moderation, which focusses on structure and process. The ICB's new Chief People and Culture Officer is taking this work forward.
	ICB chief officer appointments	RP	31/05/22	Complete	All executive posts appointed
	CCG staff transfer	RP	01/07/22	On track	TUPE consultation ended 31/05/2022
	LSS staff transfer	RP	01/04/22	Delayed	London-wide programme delay. Staff now transfer on 1 July
	Single suite of human resources policies	RP	30/06/22	Complete	LSS policies to be harmonised after transfer
Quality, safety EPPR	EPPR framework tested and in place	AM	30/06/22	Complete	Submitted to region 27/05/2022
	Quality assurance framework	DJ	27/05/22	Complete	Shadow Quality Committee met in May. Framework ready.
Estates, digital and IT	Description and detail of current leases, furniture and fittings	CB/AI	30/06/22	Complete	Part of due diligence final report
Clinical and care professional leadership	CCPL model	HR	30/06/22	On track	Model socialised from April. Ready for implementation from 1 July. Recruitment process underway
Communications and engagement	People and communities participation strategy	MP	27/05/22	Complete	Submitted to NHSEI on 27 May 2022
	Day one communications	LA	24/06/22	On track	Currently being socialised
	New website	LA	30/06/22	On track	In development since quarter 3. Will be ready for 1 July

### 3. Readiness to operate statement (ROS)

# Readiness to Operate Statement (ROS) introduction

The Readiness to Operate Statement (ROS) has been produced alongside the Due Diligence checklist to ensure the essential steps are taken to enact the closedown of the CCG and establishment of the ICS organisation.

The purpose of the ROS is to provide a clear and simple list of essential tasks that need to be undertaken to ensure the new ICS organisation is ready to function from July 2022. It has been used by NHSEI to assess the readiness of the NEL ICB at different points in time during 2021/22.

On 10 June 2022 the ICB chief executive designate submitted the final ROS template to NHSEI which will be co-signed by the regional director to confirm that:

- all legally required and operationally critical elements are in place ready for the establishment of the Integrated Care Board (ICB) as a statutory body on 1 July 2022; and
- arrangements are in place for the ICB to fulfil its role within the wider ICS, including establishing the Integrated Care Partnership (ICP) with the relevant local authorities.

The next two slides show the position of the NEL ICB ROS following a moderation meeting with NHSE held on 16 June 2022.

# Readiness to Operate Statement status report (20.06.2022)

Ref	Description	Director Lead	Final RAG rating	Previous month
<b>1</b>	<b>Integrated Care Partnerships: Initial ICP arrangements and principles agreed</b>			
1.1	Initial Integrated Care Partnership (ICP) arrangements agreed, including principles for operation from 1 July 2022, in line with relevant guidance	MP	C	G
<b>2</b>	<b>Integrated Care Board: Appointments to the Board of the ICB made and Board quorate</b>			
2.1	Designate Chair appointed and ready to take up post on 1 July 2022	RP	C	G
2.2	Designate Chief Executive appointed and ready to take up post on 1 July 2022	RP	C	G
2.3	Designate Non-Executive Directors (minimum of two) appointed and ready to take up post on 1 July 2022	RP	C	G
2.4	Designate partner members appointed and ready to take up post on 1 July 2022.	RP	G	G
2.5	Other designate appointments made and post holders ready to take up post on 1 July 2022 (minimum additional Executive roles:- finance; medical; nursing)	RP	A	G
<b>3</b>	<b>System development plan ICB constitution and governance arrangements: System Development Plan, ICB Constitution and governance arrangements in place</b>			
3.1	System development plan (SDP) in place indicating how the ICB will work with its partners in the ICP from July 2022 to meet the needs of the population	CC	C	G
3.2	ICB Constitution, including the Standing Orders and agreed ICB name, approved by NHS England before 1 July 2022, ready to be adopted on 1 July 2022	MP	C	G
3.3	ICB Scheme of Reservation and Delegation (SoRD) prepared and ready to be adopted on 1 July 2022	ST	C	G
3.4	ICB Standing Financial Instructions (SFIs) prepared and ready to be adopted on 1 July 2022	ST	C	G
3.5	ICB Governance Handbook (setting out the governance arrangements) prepared and ready to be adopted on 1 July 2022	MP	C	G
3.6	ICB functions and decision map prepared and ready to be adopted on 1 July 2022 - including (where applicable) place boundaries, leadership, and governance	MP	C	G
3.7	Any joint commissioning arrangements for 2022/23 (including joint committees with local authorities, trusts / foundation trusts, other ICBs and NHSEI)	MP	C	G
3.8	Schedules of delegation to be in place for 1 July 2022 where the ICB has agreed with NHSEI to assume delegated responsibility for NHSEI commissioning	MP	N/A	N/A
3.9	Standards of business conduct policy prepared and ready to be adopted on 1 July 2022	MP	C	G
3.10	Conflicts of interest policy prepared and ready to be adopted on 1 July 2022	MP	C	G
3.11	Essential policies identified through risk assessment (eg commissioning [eg IVF commissioning], safeguarding, HR) and prepared	MP	C	G
<b>4</b>	<b>Provider Partnerships: Provider partnership arrangements agreed</b>			
4.1	Provider partnership arrangements which will apply from 1 July 2022 agreed in line with relevant guidance. These include provider collaboratives, primary care	CC	C	G
<b>5</b>	<b>People and Culture: Review of system readiness to deliver the ICS people function completed</b>			
5.1	Review completed of the system's capacity, capability, leadership and governance arrangements to deliver the ICS people function from 1 July 2022	RP	C	G
<b>6</b>	<b>Quality Safety: Quality systems in place ready for operation</b>			
6.1	Quality and safety systems and processes in place and ready to be adopted from 1 July 2022, including implementation of System Quality Groups	DJ	C	G
6.2	EPRR responsibilities clear and systems and function ready to operate from 1 July 2022 in line with relevant guidance	AM	C	G

NHSE  
'big  
ticket'  
items

<b>R</b>	Delivery is not achievable by 1 July
<b>A</b>	Delivery is at risk but mitigation plan in place for delivery by 1 July
<b>G</b>	On target for delivery by 1 July 2022 (only to be used in exceptional circumstances i.e. where it is expected that action will be <b>complete</b> by 1 July 2022)
<b>NA</b>	Not applicable - applies to prompt 3.8 only
<b>C</b>	Completed

# Readiness to Operate Statement status report (20.06.2022)

Ref	Description	Director Lead	Final RAG rating	Previous month
<b>7</b>	<b>Clinical and care professional leadership: Model/ arrangements prepared</b>	HR		
7.1	ICB leadership model / arrangements prepared in line with relevant guidance	HR	C	G
<b>8</b>	<b>Working with people and communities: Public involvement and engagement strategy / policy in place</b>	MP		
8.1	ICB public involvement and engagement strategy / policy prepared in line with relevant guidance	LA	C	G
<b>9</b>	<b>System oversight: System oversight arrangements agreed between NHSEI regional team and ICB</b>	AM		
9.1	Arrangements for NHS oversight and the MOU to describe the agreed ways of working between the NHSEi and the ICB prepared, ready to take effect from 1 July 2022	AM	G	G
<b>10</b>	<b>Finance: Financial planning for 2022/23 complete and financial systems in place ready for operation</b>			
10.1	Planning for 2022/23 has been carried out in line with relevant guidance	SC	C	A
10.2	Activities as outlined in the NHS SBS finance / ledger reconfiguration programme plan as due by 1 July 2022 have been delivered e.g. new bank account in place	AK	C	G
10.3	Plan for ESR changes in place ( IBM for a technical merge of ESR systems, technical slot booked)	RP	C	G
<b>11</b>	<b>Data Digital and information governance: Systems ready to operate and information governance activities on target</b>	RM		
11.1	Activities outlined in the Organisation Data Service (ODS) reconfiguration toolkit as due by 1 July 2022 have been delivered	RM	C	G
11.2	Activities outlined in the Information governance / data security and protection toolkit (DPST) (e.g. Caldicott Guardian, Information Asset Owner)	RM	C	G
<b>12</b>	<b>Transition from CCGs to ICBs: Due diligence of people and property complete, TUPE/COSOP consultation complete, staffing and property lists prepared</b>	RP		
12.1	Equalities duties			
12.1.1	Evidence of compliance with the Public Sector Equalities Duty, and wider equalities duties, in the transfer and establishment process	RP	C	G
12.2	People Transfer			
12.2.1	Consultation with TUs completed in line with TUPE requirements / COSoP and staff list shared by sending CCG and CSU to receiving	RP	C	G
12.2.2	CCG staff due diligence completed and written assurance provided in line TUPE/COSOP requirements	RP	C	G
12.3	Property Transfer			
12.3.1	CCG(s) due diligence completed on all property (assets and liabilities, including contracts e.g. with CSUs)	CB	C	G
12.4	First day arrangements			
12.4.1	Appropriate arrangements made in relation to NHS Resolution schemes	MP	C	G
12.4.2	First ICB Board meeting to note / approve (as appropriate): Constitution, governance handbook, appointments, key strategies, policies and delegation	MP	C	G
12.4.3	First day communications plan in place	MP	C	G
12.4.4	ICB website in place	MP	C	G

NHSE  
'big  
ticket'  
items

<b>R</b>	Delivery is not achievable by 1 July
<b>A</b>	Delivery is at risk but mitigation plan in place for delivery by 1 July
<b>G</b>	On target for delivery by 1 July 2022 (only to be used in exceptional circumstances i.e. where it is expected that action will be <b>complete</b> by 1 July 2022)
<b>NA</b>	Not applicable - applies to prompt 3.8 only
<b>C</b>	Completed



## 4a. Due diligence introduction

# Due diligence: introduction

- The due diligence process supports the close down and transition from NEL CCG to the NEL ICB. The evidence collated will provide a clear picture of the people, property, liabilities, risks and issues that the Integrated Care Board (ICB) will receive on legal establishment.
- It also enables the ICB's CEO Designate to confirm that an appropriate level of due diligence has been undertaken.
- A checklist, which is not mandatory, has been supplied by NHSEI to CCGs to support the process. It covers governance, human resources, finance, IT, asset management, liability, contracting, and quality. Each section has a named lead and progress is reviewed at monthly intervals.
- A monthly progress report is produced for the ICS Oversight group.
- On 1 June, the CEO Designate provided written assurance to NHSEI that a due diligence process is in place and that tasks are being undertaken in a timely manner to enable the closure of the CCG and establishment of the ICB on 1 July.
- The due diligence process runs in parallel with the Readiness to Operate (ROS) checklist and therefore the two are managed alongside each other. The CEO Designate submitted a confirmation to NHSEI on 10 June to confirm that ROS activities are complete or on track for the launch of the ICB on 1 July.
- The due diligence process is subject to internal audit and independent review.
- This report shows that the system is on track in its undertaking of the due diligence actions. This is confirmed by the organisation's independent legal advisors, Browne Jacobson.

## 4b. Due diligence process

# Due diligence: task and actions

- There are 493 due diligence tasks and actions listed in the checklist. Not all are applicable to NEL CCG.
- There are currently 90 core areas covering governance, finance, contracts, staffing, property and information governance.
- The checklist also comprises of more detailed tabs for human resources, finance, IT, information governance and quality.
- The programme team with legal advisors have identified 26 'big ticket' actions. This will help form a summary of essential due diligence activities and salient issues that need to be addressed in order to complete a satisfactory due diligence process.
- In addition, 42 'big ticket actions by exception' have also been identified. These are actions that will be tracked and brought to prominence if they are not completed or in danger of incompleteness.

Due diligence spreadsheet	Tab	No of actions
Core actions	1	90
Human resources	2.1 - 2.2	28
Finance	3.1 - 3.7	175
IT assets, IT and records management	4	38
DSPT checklist	5	138
ODS Reconfiguration checklist	6	13
Quality	7	12
Big ticket actions	8	24
Actions by exception	9	42

# Due diligence: action areas

	Due Diligence	Tab	Example actions areas covering 493 actions	No. of Tasks
Core due diligence	<b>Core due diligence checklist - overarching</b>			6
	• Due diligence process		➤ Process agreed, in place, regularly assessed. External support identified	Extra tabs
	• Staff benefit		➤ Employer liability information, support staff transfer, employee relevant data	50
	• Constitutional, corporate and regulatory matters		➤ Information on policies, open cases, inspections, Fol's, new constitution and branding	Extra tab
	• Quality governance	1	➤ Open cases, medical reviews, infection controls, new approaches, clinical audits	6
	• Claims, litigation and insurance		➤ Outstanding or pending claims, investigations eg data protection , environmental	7
	• Contracts, leases and commercial agreements		➤ Register of contracts, agreements, procurments, open tenders, renewals and expiries	6
	• Real Estate and other assets (eg IT) and liabilities		➤ Relevant property or asset to transfer	10
	• Informatics, Digital and Information Governance		➤ Details of IT systems (clinical and non clinical), disputes, equipment, records processes	
Focused due diligence areas	HR / People due diligence checklist and data	2	Employer liability information, support for staff transfer, employee relevant data	29
	• Financial due diligence - financial governance	3.1	➤ Accounts, planning, audit committee, payroll, audit, risk, budgets, stationery	28
	• Financial due diligence - accounts and audit	3.2	➤ Annual report and Accounts, external and internal auditors, fraud, records	16
	• Financial due diligence - ledger/cash management	3.3	➤ Control accounts, cash flows, working papers, procedures, VAT, budget holders, SBS	52
	• Financial due diligence – banking	3.4	➤ Bank accounts, petty cash, payment cards, stationery	17
	• Financial due diligence – contracts	3.5	➤ Contracts, provisions, disputes, risk share, joint working, grants	11
	• Financial due diligence – assets	3.6	➤ Assets, working capital, invoicing, offices, debtors, policy, leases	20
	• Financial due diligence – liabilities	3.7	➤ Invoices, disputes, expenses, credit, suppliers, authorisations, payments, staff, legal	31
	IT assets, IT and records management	4	Licensing, access security, risk policy, hardware/software, smart card, records retention	32
	DSPT checklist	5	Record management, information governance, staff training	136
ODS Reconfiguration checklist	6	Data management and processing	13	
Quality	7	Maintaining quality during transition, recognising ICB duties, setting up system / processes	12	

# Due diligence: 26 big ticket actions

Due diligence process is fully documented and agreed at the Executive or Board	Consider internal audit work both before and after the establishment of the ICB in the light of the risks that it poses and adjust the nature and timing of work accordingly
New Constitution agreed for ICB	Ensure arrangements are in place for the transfer of closing balances from old to new system
Agree the new committee structure and develop terms of reference, as necessary.	Ensure plans are in place to list and close all CCG bank accounts and set up new account for ICB. Obtain closing of bank account in writing. Write to RBS/Government Banking Service (GBS). Arrange for redirections to be in place.
Establish approach for the transfer and retention of legacy organisation information on quality in accordance with Caldicott principles and share intelligence on quality, including safety	Ensure that all contractual disputes are documented and have appropriate ownership prior to the establishment of the ICB (determine the arrangements in the ICB for resolving all disputes, including those carried forward from the CCG(s))
Outstanding claims / litigation that would transfer	Establish baseline audit of existing state of the fixed asset register (FAR)
Contracts register: Ensure all contracts located and in place (clinical and non-clinical) - to include fields for clinical / non-clinical, contract terms, start dates, end dates, break dates, parties to contract, named leads and contact details for both parties of the contract including the name of the CCG lead (or on behalf of), etc. The contracts register should also include arrangements that are not formally documented as contracts but are still contracts.	Ensure that all liabilities can be analysed by the ICB with appropriate working files
Number of open tenders / procurements on the register	Determine insurance requirements and ensure portfolio of required cover in place
Confirm contact with counterparties to contracts and clarify transfer of contracts / continuation of contracts if required	Develop formal TUPE consultation for use with Trade Unions and engagement documents for use with staff in scope of transfer
Details of all IT systems, both clinical and non-clinical	Conduct an initial equality impact assessment (EIA) to assess the potential impact of the proposed changes on transferring staff groups, including those with protected characteristics
Ensure that records management transition plans are in place - See briefing paper providing records management guidance located on FutureNHS	Complete the ESR IBM data collection template to identify the changes required within ESR to establish the ICS ESR VPD taking the existing CCG VPD structures into account.
Provide external audit report on the annual accounts for the previous three years - this should include the audit opinion, the ISA(260) report, the auditors' annual report and any other statutory reports	Ensure a defined governance and escalation process is established for quality which ensures that risks are identified, mitigated and escalated effectively through System Quality Groups (SQG) and links to Regional NHSEI quality oversight and reports to the ICB. This will link to the broader ICS risk management strategy, policy and procedures. The System Quality Group will serve as, or align with any Quality Committee.
Budgets and contracts will need to be agreed for the ICB (essentially before the 1 July), agree how this will happen ensuring the required governance is in place. This should also be reflected on the risk register. Note the need to agree budgets and contracts [for the CCG before 1 April for 3 months and for the ICB before 1 July for 9 months]	Patient Safety: Serious Incident Framework or Patient Safety Incident Response Framework processes (or Patient Safety Incident Response Framework, PSIRF); Incident reporting Learn from Patient Safety Events service (and former NRLS/StEIS); Support for the commissioning of patient safety incident investigations including arrangement for regional or national escalation as appropriate; Compliance with national patient safety alerts; supporting safety improvement; Identifying Patient Safety Specialists and recruiting two or more Patient Safety Partners.
Timetable for completing annual reports and accounts and the required resourcing	
Discussion with the external auditors should include: - confirmation that the necessary work has been completed prior to the dissolution of the CCGs - what evidence they require from both the old and the new bodies	

# Due diligence: 42 big ticket actions by exception

Details of any concerns expressed by the Secretary of State, DHSC or NHSEI in relation to CCG actions	Infection control records
Details of any concerns expressed by internal auditors, external auditors or the National Audit Office concerning powers, rights or duties	Open outstanding / ongoing complaints that would transfer
Details of any disciplinary action taken by the CCG in relation to CCG Governing Body members, Directors or Officers relating to their acts or omissions relating to powers and duties	Open Serious Incidents (SIs) that would transfer
Details of any material breach of Public Procurement Regulations, Standing Orders or Standing Financial Instructions	Open whistleblowing / FTSU cases that would transfer
Details of any breach of the Code of Conduct, Code of Accountability or other guidance	Open quality action / improvement plans that would transfer
Details of investigations by supervisory or regulatory bodies, statutory or government bodies, the Health and Safety Executive, the Environment Agency, the police, NHS Counter Fraud and Security Management Services, or any other circumstances, that would transfer	Personal Health Budgets held that would transfer
Current inspections by the Care Quality Commission (CQC) that would transfer	Open Individual Funding Requests or appeals that would transfer
Total number of CQC warning notices in last 24 months	Deferred Individual Funding Requests that would transfer
Total number of CQC inadequate inspection ratings in last 24 months	Open independent investigations (mental health/domestic homicide reviews) that would transfer
Open CQC action plans that would transfer	Open safeguarding adults reviews that would transfer
Open public consultations regarding service change / reconfiguration that would transfer	Open serious case reviews / child safeguarding practice reviews that would transfer
Open learning points from past System Oversight Framework assessments that would transfer	Open Regulation 28 Coroner reports that would transfer
Open risks that would transfer (provide risk register of all risks)	Enforcement notices (served on the CCG in the last 24 months) that would transfer
Open Memoranda of Understanding (MOUs) in place that would transfer	Open Learning Disabilities Mortality Review (LeDeR) cases that would transfer
Clinical and non-clinical policies (provide policy register(s))	Open Eliminating Mixed Sex Accommodation (EMSA) cases that would transfer
Where there are multiple CCGs in an ICS, assessment of risk posed by having different policies (eg IVF commissioning policy) and clear plan to consolidate all policies. This includes the need to agree the position and timescales for any 'high risk' policies not consolidated at the point of establishment of the ICB	Open learning points from patient surveys and feedback
Subject access requests (SARs) that would transfer	Open learning points from complaints, incidents, clinical audits, quality matters, that would transfer
Freedom of Information (FOIs) requests that would transfer	List and supply copies of all environmental licences, consents, permits and authorisations necessary of the operations of the CCG
	Open requests for information under Environmental Information Regulations (EIR)
	Details of any enforcement notices related to Environmental Information Regulations (EIR) served in the last 24 months
	Open environmental problems or potential liabilities that would transfer (eg relating to disposal of clinical waste, substances buried underground, spillage/leakage, water pollution, health hazards)
	Details of any formal disciplinary action being taken against transferring employees in last 2 years
	Details of any formal grievances raised by the transferring employee in the last two years
	Details of any legal action brought, or that there is a reasonable belief may be brought, against the sending organisation by any transferring employee in the last 2 years

# Due diligence: audit and assurance

- Written assurance from the CEO Designate was submitted to NHSEI on 1 June to confirm that a robust process is in place and on track
- The NEL due diligence process was reviewed by the CCG internal auditors (RSM) in January 2022. Actions identified to strengthen the process are listed below and all were implemented in time for the March 2022 reporting cycle:
  - The ICS programme team to make regular contact with all action owners to provide a status update on all tasks.
  - The ICS transition delivery group/due diligence leads will receive updated checklist each month to conduct independent checks
  - The ICS programme team will ensure the new master checklist is updated with revised dates from NHSEI
- A follow up review will be undertaken by the internal auditor in June 2022. The report is expected on the week commencing 20 June and any recommendations will be applied in the final due diligence review in July.
- Independent assurance is provided by Browne Jacobson (the CCG’s external legal advisors on ICS transition), as for the CCG merger programme in 2021/22. Their role is to review the process and to ensure that the necessary due diligence activities have been completed; the report and its conclusions are properly reasoned/evidenced; and any recommendations or actions to be taken forward are appropriate. In a review of the due diligence process and delivery in June 2022 (embedded), Browne Jacobson have stated that:
 

“the process that the CCG has put in place to ensure the new ICB starts life well-informed is, in our opinion, a good process which follows NHS England’s guidance and meets their expectations. It has been well-designed, is sufficiently clear and is proportionate to the North East London context..... it is clear that the CCG is continuing at a focussed pace, and it is assuring to see an increasing proportion of ‘completed’ items. This is consistent with our own experience of working with select officers across the CCG who evidently have been making concerted efforts to prepare for 1 July 2022.”
- Progress reports have been produced for the ICS Transition Oversight Group, CCG Audit and Risk Committee and CCG Governing Body prior to the launch of the ICB to provide assurance that critical elements of transfer have been undertaken or will be in place for 1 July 2022. An updated report will be produced in July for the ICB Audit Committee and Board to confirm that the critical actions have been completed and it will highlight any outstanding risks or actions with a plan to address these.

Browne Jacobson independent assurance:



Legal assurance



# Due diligence: sign off timeline

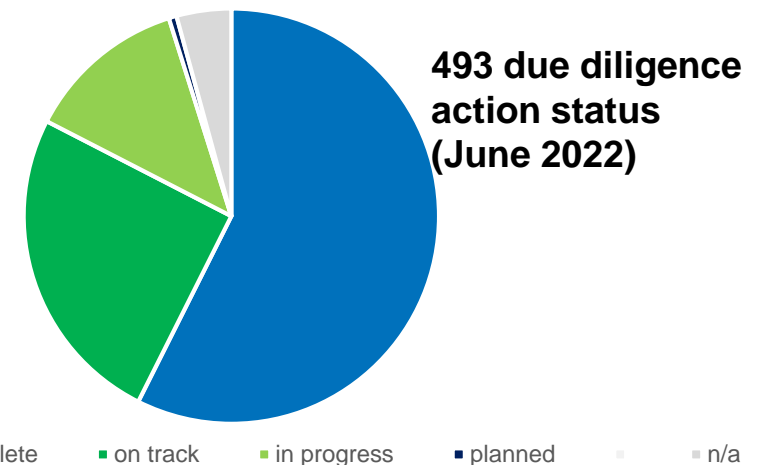
March	April	May	June	July
First draft sign off process (reviewed by governance team and Browne Jacobson)	<b>1-6</b> Work theme reporting week (monthly update report 11 Apr)	<b>9-13</b> Work theme reporting week (monthly update report 16 May)	<b>1</b> Written assurance from the CEO (that due diligence process is in place, on track, and issues being addressed)	<b>11-15</b> Work theme reporting week (monthly update report 18 Jul)
Support role agreed for Browne Jacobson	<b>6</b> - Sign off process shared with the Transition Delivery Group and Browne Jacobson (legal advisors)	<b>25</b> Due diligence progress report to NEL ICB CEO Designate (to cover due diligence sign off process and independent review provided by Browne Jacobson)	<b>6-10</b> Work theme reporting week (monthly update report 13 Jun)	<b>27 (TBC)</b> Audit Committee - post-launch report
Deep dive review of the due diligence checklist	<b>21</b> - Sign off process shared With the Audit Committee		<b>15</b> Audit Committee – Progress report	<b>TBC</b> ICB board - post-launch report (could be September)
	<b>25</b> - Sign off process shared with the ICS Transition Oversight Group		<b>20</b> ICS Oversight Group - Pre-launch report	
			<b>29</b> CCG Governing Body - Pre-launch report	

This report

## 4c. Due diligence report – June 2022

# Due diligence progress report: summary

- The due diligence process supports the close down and transition from NEL CCG to the NEL ICB. The evidence collated provides a picture of the people, property, liabilities, risks and issues that the Integrated Care Board (ICB) will receive on legal establishment.
- The process uses a checklist consisting of 493 actions that covers governance, human resources, finance, asset management, liability, contracting, IT and quality. Progress is tracked each month with designated leads and a report is produced for the ICS Oversight Group.
- The checklist is held on an excel spreadsheet which grades the status of all actions. From the total number of actions, 24 big ticket items have been identified to help quickly assess overarching essential actions, along with 42 *big ticket actions by exception* items that are highlighted only if there are concerns relating their completion.
- This final report is produced for the CCG governing board and will be updated in July for the ICB board.
- The due diligence process has undergone an initial review by the organisation's internal auditors in January 2022 and is scheduled to be repeated in June 2022. This report has also been reviewed by independent legal advisors, Browne Jacobson.
- The CEO designate provided written assurance to NHSEI on 1 June to confirm that the due diligence process was on track to complete tasks in time for the launch on the ICB.
- In June, ten of the 26 big ticket actions are complete, fifteen are on track and one in progress (started in May). Of the total 493 actions, 283 are complete, 124 on track, 3 planned for end of June and July.
- In June there has been a considerable shift of action to on track and completed. This is due the end to staff consultation and initiation of year end activities.
- Senior managers and our legal advisors, Browne Jacobson, have assured the CEO Designate that there is evidence to demonstrate that the due diligence process is on track to safely close down the CCG and establish the ICB on 1 July. In their statement of 17 June, Browne Jacobson confirm that the due diligence process is good and in line with NHSE guidance and on track to deliver.



# Due diligence 26 'Big Ticket' actions

'Big ticket' item from due diligence check list	Status	RAG	Comment
Due diligence process is documented and agreed at Executive level	Complete	G	Process approved at ICS Oversight Group. Shared with Audit committee and auditors.
New Constitution agreed for ICB	Complete	G	Final submission to NHSEI 20.05.22. Approved by regional director.
Agree the new committee structure and ToR	On track	G	Governance handbook to be signed off on 1 July
Transfer and retention of information on quality	On track	G	Relates to establishment of ICB quality function. Quality due diligence actions on track
Outstanding claims / litigation	On track	G	No existing legal claims. One potential new claim which is being investigated.
Ensure all contracts located and in place (clinical and non-clinical)	On track	A/G	Updating work carried out for CCG merger. Plan to be fully updated in June.
Number of open tenders / procurements on the register	Complete	G	Final version to be checked in June
Confirm contact with counterparties to contracts and clarify transfer of contracts	On track	G	Letters to contractors to be sent w.c. 6 June
Details of all IT systems, both clinical and non-clinical	On track	G	IT part on track. IG on going – no foreseeable issues. List available of known systems
Ensure that records management transition plans are in place	Complete	G	Ready for ICB. (Need confirmation of LSS transfer and role for LSS as data processor)
External audit report on the annual accounts for the previous three years	Complete	G	Audit report for merged CCGs will be passed to the ICB
Budgets and contracts will need to be agreed for the ICB	On track	A/G	Provider budgets known but still some unknowns with some contracts.
Timetable for completing annual reports and accounts and the required resourcing	On track	G	There is a detailed timetable in place which covers all aspects of the year end work.
Agree with ext. auditors necessary work to be completed	On track	G	Finance team in regular meetings with EA and cover year end audit. Work to be finished Jul
Consider internal audit work both before and after ICB	Complete	G	Plan has been written and is in the process of being agreed formally at committees.
Transfer of closing balances from the old to the new system	In progress	G	Included in the NEL and London programme plan. Working with SBS team.
Closure of CCG bank account and set up new	On track	A/G	In programme plan. Cannot complete until other bank accounts set up and ledger moved.
Contractual disputes are documented and have ownership prior to the ICB	Complete	G	Included in the NEL and London programme plan. Also contact made with SBS team.
Establish baseline audit of existing state of the fixed asset register (FAR)	On track	G	Fixed asset register is linked to the ledger, so this will be in place
Ensure that all liabilities can be analysed by the ICB with appropriate working files	On track	G	Included in programme plan
Determine insurance requirements and ensure portfolio of required cover in place	Complete	G	Information will automatically transfer. Invoices received. Payment process in place.
TUPE consultation, Trade Unions and engagement documents for use	Complete	G	Consultation concluded end of May.
Conduct an initial equality impact assessment (EIA)	Complete	G	Completed end of May.
Complete the ESR IBM data collection template	On track	G	Submitted 1 June
A defined governance and escalation process is established for quality	On track	G	Quality Framework agreed. Linked to the National Quality Risk/Escalation process
Serious Incident Framework or Patient Safety Incident Response Framework	On track	G	In development. Will be addressed at ICB development sessions in June 2022.

# Due diligence 42 'Big Ticket actions by exception'

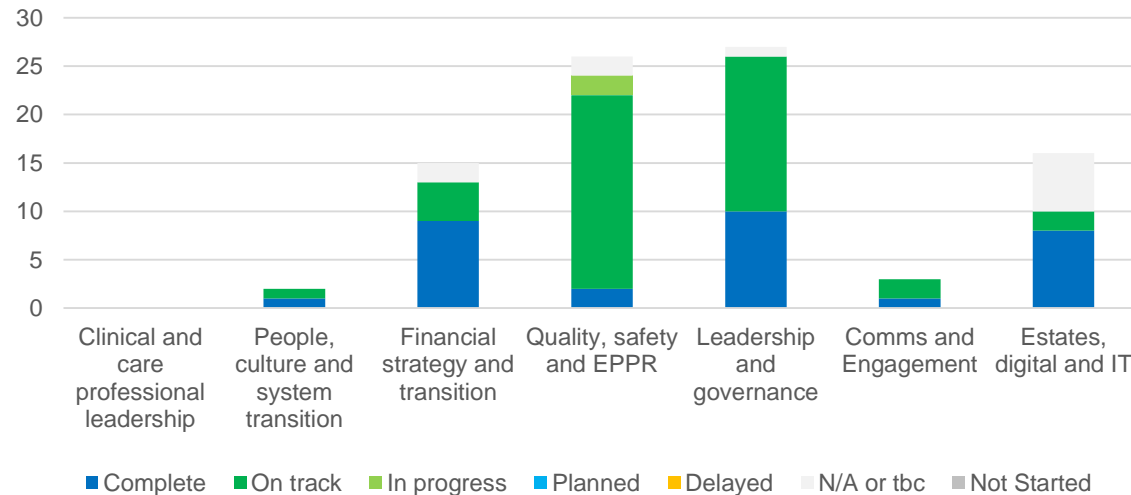
- Five of the forty-two 'by exception' due diligence actions are not ragged fully green and they are listed below.
- All actions have owners and are being actively managed. The lead is confident these actions will be complete for the final report.
- A full list of the 42 exception actions can be found in the appendix (slide 38).

'Big ticket item by exception' from due diligence check list	Status	RAG	Comment
Current inspections by the CQC	On track	A/G	Open cases collated. Will repeat end of June and confirm early July.
Enforcement notices (served on the CCG in the last 24 months)	On track	A/G	Following up with LSS colleague for more information. Report expected early July.
Open Eliminating Mixed Sex Accommodation (EMSA)	On track	A/G	Using same approach in the exercise that closed down seven CCGs. Lead following up with LSS and report expected early July.
Open learning points from patient surveys and feedback	On track	A/G	Awaiting handover information from LSS colleagues. Report expected early July.
Open learning points from complaints, incidents, clinical audits	On track	A/G	Awaiting handover information from LSS colleagues, Report expected early July.

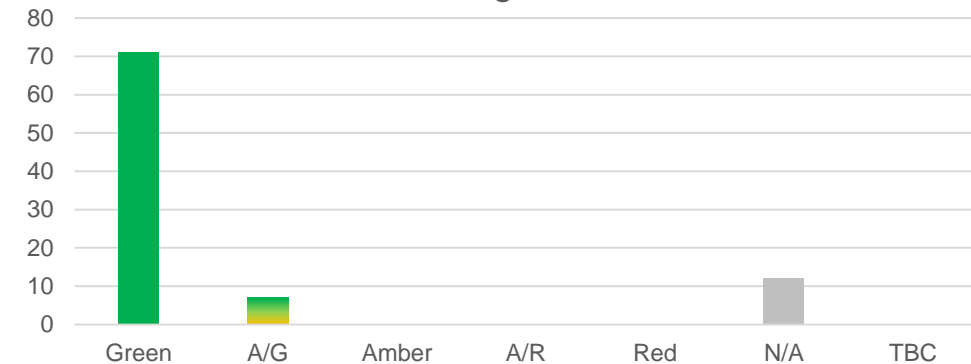
# Core due diligence actions progress (09.06.22)

ICS Transition work theme	Total	Complete	On track	In progress	Unknown	Not Started	N/A
Clinical and care professional leadership	0						
People, culture and system transition	2	1	1				
Financial strategy and transition	15	9	4				2
Quality, safety and EPPR	27	2	20	2			3
Leadership and governance	27	10	16				1
Comms and Engagement	3	1	2				
Estates, digital and IT	16	8	2				6
<b>Total</b>	<b>90</b>	<b>31</b>	<b>45</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>12</b>
<i>May</i>	<i>90</i>	<i>7</i>	<i>64</i>	<i>1</i>	<i>1</i>	<i>6</i>	<i>11</i>

90 Core actions June 2022



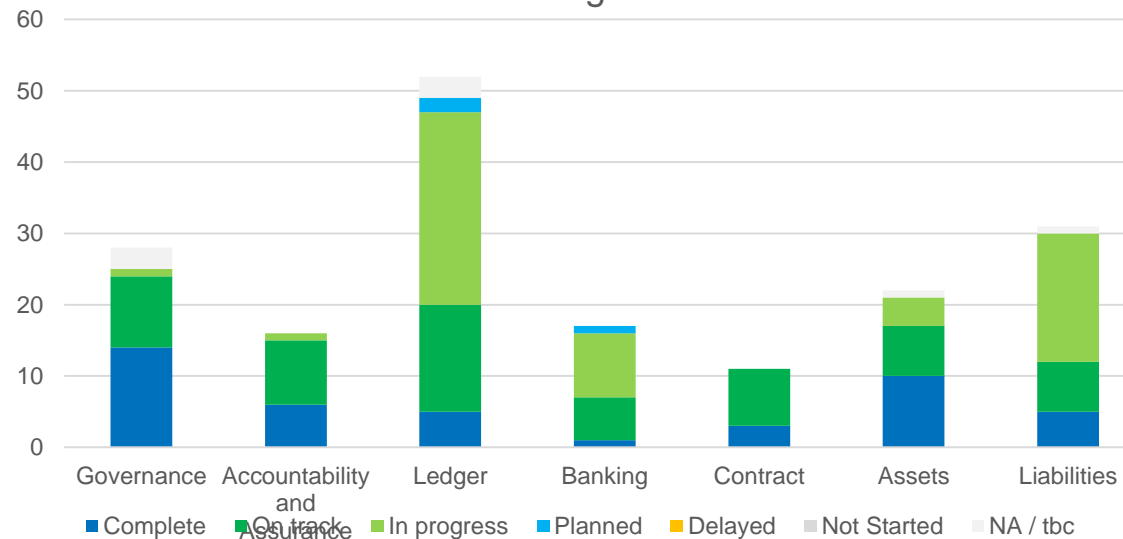
90 Core Due Diligence tasks RAG



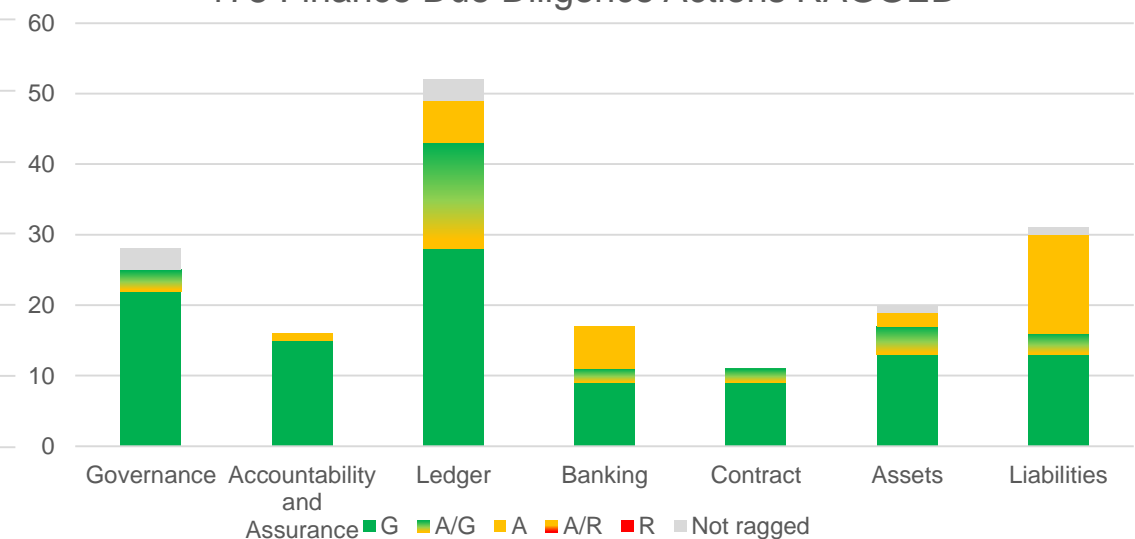
# Finance due diligence actions progress (10.06.22)

	Total No.	Complete	On track	In progress	Planned	Delayed	Not Started	NA / tbc
<b>Governance</b>	28	14	10	1				3
<b>Accountability and Assurance</b>	16	6	9	1				
<b>Ledger</b>	52	5	15	27	2			3
<b>Banking</b>	17	1	6	9	1			
<b>Contract</b>	11	3	8					
<b>Assets</b>	20	10	5	4				1
<b>Liabilities</b>	31	5	7	18				1
<b>Total</b>	<b>175</b>	<b>44</b>	<b>60</b>	<b>60</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>8</b>
<b>May</b>	175	24	30	48	60	0	6	7

175 Finance Due diligence action status



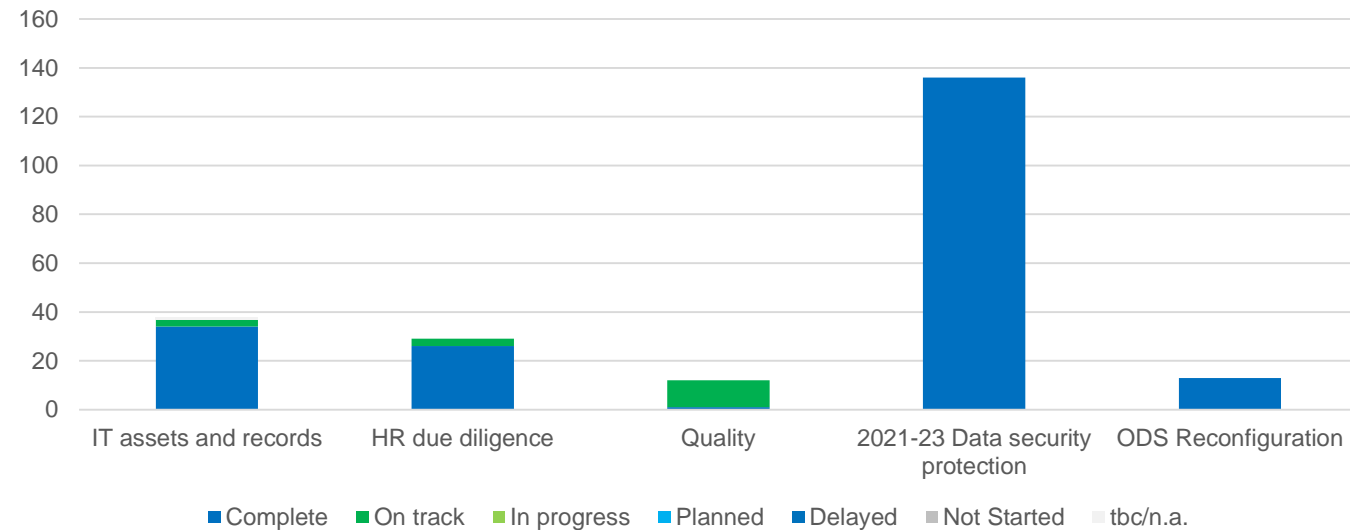
175 Finance Due Diligence Actions RAGGED



# Due diligence focused areas (09.06.22)

- All actions on track or complete
- TUPE process complete
- Quality committee and framework in place
- Data protection and security toolkit submitted
- ODS reconfiguration reviewed with NEL leads and NHS Digital.

Due diligence focus areas task status



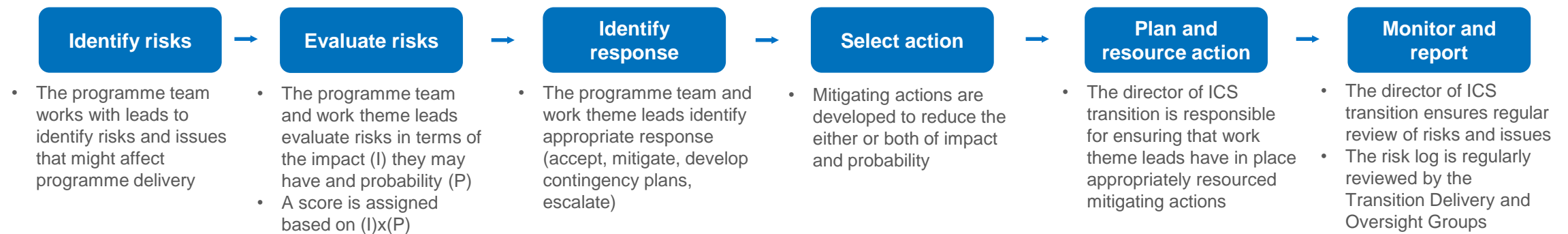
DD focus areas	Complete	On track	In progress	Planned	Delayed	Not Started	N/A	Total No.
IT assets and records	34	3					1	38
HR due diligence	26	3						29
Quality	1	11						12
2021-23 Data security protection	136							136
ODS Reconfiguration	13							13
<b>June total</b>	<b>210</b>	<b>17</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>228</b>
<i>May total</i>	<i>179</i>	<i>36</i>	<i>9</i>	<i>0</i>	<i>0</i>	<i>1</i>	<i>3</i>	<i>228</i>



## 5. Risks and issues

# Risks and issues management

- The Director of ICS Transition and the programme team is responsible for managing the programme’s risks and issues.
- Risk management is discussed with work theme leads each month and with the ICS Transition Delivery Group when needed.
- The ICS Transition Oversight Group review the risk log every month and provide additional challenge and scrutiny.
- The programme risk management process and scoring matrix is set out below



Impact score and example descriptors					Likelihood score and example descriptors				
1	2	3	4	5	1	2	3	4	5
Very low	Low	Moderate	High	Very high	Rare	Unlikely	Possible	Likely	Very Likely
<ul style="list-style-type: none"> <li>• Insignificant cost increase / schedule slippage</li> </ul>	<ul style="list-style-type: none"> <li>• &lt;5% over project budget</li> <li>• Schedule slippage</li> </ul>	<ul style="list-style-type: none"> <li>• 5–10% over project budget</li> <li>• Schedule slippage</li> </ul>	<ul style="list-style-type: none"> <li>• 10–25% over project budget</li> <li>• Schedule slippage</li> <li>• Key objectives not met</li> </ul>	<ul style="list-style-type: none"> <li>• &gt;25% over project budget</li> <li>• Schedule slippage</li> <li>• Key objectives not met</li> </ul>	<ul style="list-style-type: none"> <li>• This will probably never happen/ occur</li> </ul>	<ul style="list-style-type: none"> <li>• Do not expect it to happen/ recur but it is possible it may</li> </ul>	<ul style="list-style-type: none"> <li>• Might happen or recur occasionally</li> </ul>	<ul style="list-style-type: none"> <li>• Will probably happen / recur but it is not a persisting issue</li> </ul>	<ul style="list-style-type: none"> <li>• Will undoubtedly happen / recur, possibly frequently</li> </ul>

# Programme risk and issues – June 2022

- There are currently thirteen live risks and issues. In total the programme has held forty-four risks and issues.
- Many risks have closed or reduced their score in May and June due to near completion of the transition programme and implementation of mitigating actions.

ICS Transition Programme Risk Scores



# Risks scoring 12+ (to be transferred to corporate risk log)

Risk	Mitigation	Work theme
<p>There is a risk that, if the ICS operating model is not clear and understood by all partners, this may lead to a sub-optimal approach to the partnership working required to fulfil the ICS's transformation and improvement priorities as well as the ICB's statutory functions.</p>	<p>ICS model socialised at CCG staff meeting and shared with senior leadership for cascading and partners. The wider ICS operating model is being developed principally through the leadership and governance work themes, along with critical inputs from the clinical and care professional leadership work theme and the transformation cycle project. These involve co-design by large groups from across the ICS and additional communication with those not directly engaged.</p>	<p><b>ICB Transition Programme Team</b></p>
<p>There is a risk that, if questions from staff are not able to be answered at this stage and messages from the senior leadership team do not cascade through the organisation to all staff, there will be confusion and potential distrust amongst the wider staff body</p>	<p>Staff updated on changes to operating and proposal for Executive team. Escalation to SMT/Senior Leadership Group. Develop comms principles and guidance for cascading messages. Use senior leadership forum and monthly messaging pack</p>	<p><b>Comms and Engagement</b></p>

## 6. Conclusion

# Conclusion

- The role of the ICS Transition Programme is to lead and co-ordinate the establishment of the statutory ICS from 1 July 2022, including the formation of the new Integrated Care Board (ICB) and the safe closedown of North East London Clinical Commissioning Group (CCG).
- The essential activities required to enable this are captured in the Readiness to Operate Statement and due diligence checklists. Regular meetings with work theme leads show that actions are largely complete or on track. There are no significant concerns or issues relating to the closure of NEL CCG and establishment of the ICB 1 July.
- Written assurance was provided by the Chief Officer Designate to NHSEI to confirm the due diligence process is on track (based on evidence supplied by leads and a review from the independent legal advisors).
- The due diligence process is currently subject to a follow up review by the internal auditors (RSM) and a final review with the independent legal advisors (Browne Jacobson) for added assurance.
- The final report will be produced in July following the establishment of the ICB and will summarise the status of all programme actions as well as list any outstanding risks and actions to managed, and any concerns for the new organisation.

## 7. Appendix: full list of due diligence 'big ticket by exception' actions

# Due diligence 42 'Big Ticket actions by exception'

'Big ticket item by exception' from due diligence check list	Status	RAG	'Big ticket item by exception' from due diligence check list	Status	RAG
Concerns expressed by the Secretary of State, DHSC or NHSEI in relation to CCG	On track	G	Open outstanding / ongoing complaints	Complete	G
Concerns expressed by int. / ext. auditors or NAO concerning powers, rights or duties	On track	G	Open Serious Incidents	On track	G
Any disciplinary action taken by the CCG in relation to CCG GB members, Directors or Officers relating to their acts or omissions relating to powers and duties of the CCG	Complete	G	Open whistleblowing / FTSU cases	On track	G
Any material breach of procurement regs, standing orders or SFIs	Complete	G	Open quality action / improvement plans	On track	G
Any breach of the code of conduct, code of accountability or other guidance	On track	G	Personal Health Budgets held	On track	G
Any investigations by supervisory or regulatory, statutory or government bodies	On track	G	Open Individual Funding Requests or appeals	On track	G
Current inspections by the CQC	On track	A/G	Deferred Individual Funding Requests	On track	G
Total number of CQC warning notices in last 24 months	On track	G	Open independent investigations	On track	G
Total number of CQC inadequate inspection ratings in last 24 months	On track	G	Open safeguarding adults reviews	On track	G
Open CQC action plans	On track	G	Open serious case reviews / child safeguarding practice reviews	On track	G
Open public consultations regarding service change / reconfiguration	Complete	G	Open Regulation 28 Coroner reports	On track	G
Learning points from past System Oversight Framework assessments	Complete	G	Enforcement notices (served on the CCG in the last 24 months)	In progress	A/G
Open risks (provide risk register of all risks)	On track	G	Open Learning Disabilities Mortality Review (LeDeR)	On track	G
Open Memoranda of Understanding (MOUs) in place	Complete	G	Open Eliminating Mixed Sex Accommodation (EMSA)	In progress	A/G
Clinical and non-clinical policies	On track	G	Open learning points from patient surveys and feedback	On track	A/G
Plan to consolidate all policies.	Complete	G	Open learning points from complaints, incidents, clinical audits	On track	A/G
Subject access requests (SARs)	Complete	G	List / supply environmental licences, consents, permits of the operations of the CCG	Complete	G
Freedom of Information (FOIs)	Complete	G	Open requests for information under Environmental Information Regulations (EIR)	Complete	G
Infection control records	On track	G	Any enforcement notices related to Environmental Information Regulations (EIR)	Complete	G
			Open environmental problems or potential liabilities	Complete	G
			Any formal disciplinary action being taken against transferring employees	Complete	G
			Any formal grievances raised by the transferring employee	Complete	G
			Details of any legal action brought, or may be brought	Complete	G



## NEL CCG Governing Body

29 June 2022

<b>Title of report</b>	Audit & Risk Committee Chair's report
<b>Author</b>	Anna McDonald, Senior Governance Manager
<b>Presented by</b>	Kash Pandya, Lay Member – Governance and Chair of the Audit & Risk Committee
<b>Contact for further information</b>	anna.mcdonald@nhs.net
<b>Executive summary</b>	<p>The key messages from the NEL CCG Audit &amp; Risk Committee meeting held on 15 June 2022 are set out below:</p> <ul style="list-style-type: none"> <li>• The CCG's External Auditor (KPMG) presented the year-end report (ISA260) which was discussed and approved by the committee.</li> <li>• The CCG's Internal Auditor (RSM) presented the Head of Internal Audit Opinion which was discussed and approved by the committee.</li> <li>• The committee reviewed the final draft versions of the annual report and annual accounts for 2021/22 and made a recommendation to the Governing Body to approve the documents for submission to NHS England.</li> <li>• The committee reviewed the NEL ICB due diligence and risk management processes.</li> <li>• The committee received an update on the Data Security &amp; Protection Toolkit (DSPT).</li> <li>• The committee approved a very comprehensive handover document which will help to guide and support the new ICB Audit &amp; Risk Committee.</li> </ul> <p>The draft minutes for the meeting held on 15 June 2022 are attached to this report.</p>
<b>Action required</b>	The Governing Body is asked to note the update and the draft minutes of the meeting held in June 2022.

<b>Where else has this paper been discussed?</b>	N/A
<b>Next steps/ onward reporting</b>	N/A
<b>What does this mean for local people? How does this drive change and reduce health inequalities?</b>	–
<b>Conflicts of interest</b>	There are no conflicts of interest in regard to this report.
<b>Strategic fit</b>	–
<b>Impact on finance, performance and quality</b>	–
<b>Risks</b>	–
<b>Equality impact</b>	N/A

**Draft minutes - NEL CCG Audit & Risk Committee**

**15 June 2022 – 9.00am – 12.00pm, via MS Teams**

<b>Members</b>	
Kash Pandya (KP) - Chair	Lay Member, Governance
Noah Curthoys (NC)	Lay members, Performance
Sue Evans (SE)	Lay Member, Primary Care
Khalil Ali (KA)	Lay Member, PPI
Charlotte Harrison (CH)	Independent Secondary Care Specialist
<b>In attendance</b>	
Zina Etheridge (ZE)	Chief Executive
Henry Black (HB)	Chief Finance & Performance Officer, Designate
Steve Collins (SC)	Executive Director of Finance
Sunil Thakker (ST)	Director of Finance (TNW)
Anne-Marie Keliris (AMK)	Head of Governance (item 4.2)
Marie Price (MP)	Director of Corporate Affairs
Anna McDonald (AMc)	Senior Governance Manager
Rob Meaker (RM)	Director of Innovation – (item 3.0)
Carl Edmunds (CE)	Deputy Director Integrated Care Transition Prog (item 4.1)
Charlotte Fry (CF)	Director of Transition Programme & Systems (item 9.0)
Rajiv Jaitly (RJ)	ICB Audit & Risk Committee Chair, Designate - observer
<b>Auditors</b>	
Dean Gibbs (DG)	External Auditor, KPMG
Carl van den Berg (CV)	External Auditor, KPMG
Nick Atkinson (NA)	Internal Auditor, RSM
John Elbake (JE)	Internal Auditor, RSM
Mark Kidd (MK)	Local Counter Fraud Specialist
<b>Apologies</b>	
None.	

<b>1.0</b>	<b>Welcome, introductions and apologies</b>	
	The Chair welcomed everyone to the meeting and advised that the new ICB Audit & risk Committee Chair, Designate - Rajiv Jaitly would be joining the meeting as an observer. The Chair also welcomed ZE to the meeting.	
<b>1.1</b>	<b>Declaration of conflicts of interest</b>	
	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 NEL CCG.	

	<p>No additional conflicts of interest were declared.</p> <p>The registers of interests held for NEL CCG Governing Body members and staff are available from the Governance Team.</p>	
<b>1.2</b>	<b>Minutes of the last meeting</b>	
	The minutes of the meeting held on 21 April 2022 were agreed as a correct record.	
<b>1.3</b>	<b>Matters arising</b>	
	<p>All outstanding actions were confirmed as complete, noting the following:</p> <p><b>Continuing Health Care management &amp; risks</b> – in view of the complicated procurement exercise that will be undertaken, it was suggested that this needs to be an agenda item for the new ICB committee. The Chair confirmed that CHC is listed in the handover document as a deep dive for the new committee and as such, it was agreed that the action for this committee could be <b>closed</b>.</p> <p><b>Contracting and Procurement audit update</b> - the procurement group has a new chair and its next meeting is on 24 June 2022. STWs and the procurement pipeline are on the agenda. The group forms part of the new ICB governance arrangements and the concerns about the continuity of the process have been resolved as part of the new governance arrangements. The Chair added that this is also included in his handover and as such, it was agreed the action could be <b>closed</b>.</p> <p><b>WRES standards</b> – the committee recommended that this should sit with the 'People Group' within the ICB and <b>closed</b> the action.</p>	
<b>2.0</b>	<b>Annual report, accountable officer statement and annual accounts 2021/22</b>	
	<p>HB reported that the final closing position is a small surplus of £300k and updated the committee in regard to the agreement reached whereby the un-adjusted error from 2020/21 is recognised in the accounts for 2021/22. This has not been replicated nationally and HB assured the Committee that although the consolidated national accounts will show a difference, the CCG has met all its statutory duties and requirements.</p> <p><b>2.2 External Audit draft year-end report – ISA260</b>  DG thanked everyone involved in the audit and for the support provided. The key discussion points were:</p> <ul style="list-style-type: none"> <li>• KPMG expect to issue an un-qualified opinion on the CCG's financial statements and an un-qualified regularity conclusion and confirmed there are no significant issues in regard to the CCG's value for money arrangements. A qualified consistency statement will be issued which confirms there are differences between the financial statements that KPMG have signed and the consolidated schedules submitted to NHS England as explained by HB under 2.1.</li> <li>• The outstanding work referred to in the report has since been completed.</li> <li>• The value for money report will be issued in advance of certifying the accounts as complete and needs to be published on the public facing</li> </ul>	

	<p>website by the end of September 2022 at the same time as the annual report and accounts. <b>ACTION: HB/SC</b></p> <ul style="list-style-type: none"> <li>• Some minor errors within the report were noted relating to ‘Trusts’ and Hertfordshire CCG. <b>ACTION: DG.</b></li> <li>• DG gave an overview of the national confirmation exercise undertaken at months 9 and 12 called the agreement of balances in regard to provider accruals.</li> <li>• DG confirmed the recommendations in the report under Appendix 2 resulting from this year’s audit will be followed-up with the new committee as well as the recommendations from last year have been satisfactorily implemented.</li> </ul> <p>ZE thanked everyone involved both internally and externally for achieving the final position.</p> <p><b>2.2 Head of Internal Audit Opinion (HoIAO)</b></p> <p>The Chair pointed out that the HoIAO was included as part of the content of the report under agenda item 6.1. The main discussion points were:</p> <ul style="list-style-type: none"> <li>• The overall opinion remains positive.</li> <li>• Since the last meeting a further report on primary care has been issued with a reasonable assurance rating and NA explained that a summarised report was included as part of the overall report under item 6.1.</li> <li>• The report on the patient information database ‘Discovery’ is being finalised and there is nothing that will impact on the final opinion.</li> <li>• NA advised there were no particular concerns to flag to the committee. in regard to the service auditor reports.</li> <li>• IR35 work is in progress.</li> <li>• Based on the new NHS Digital rating, the outcome of the Data Security &amp; Protection Toolkit (DSPT) is likely to be a double green rating.</li> </ul> <p>NA advised that he needed to leave the meeting early due to having to attend other Audit Committee meetings and took the opportunity to thank the Chair for all his support in his role as Audit &amp; Risk Committee chair.</p> <p><i>Nick Atkinson left the meeting.</i></p> <p><b>2.3 and 2.4 Annual report and annual accounts – final draft</b></p> <p>The Chair asked for both items to be covered together. On behalf of the committee KA commended everyone involved in all the achievements outlined in the annual report. SE also thanked the teams involved for the very detailed response and assurances that committee members received following the queries raised on the accounts and annual report. The committee agreed that the annual report is very informative and has been completed to a very high standard.</p> <p><b>2.5 Letter of representation - draft</b></p> <p>DG advised that one small tweak to the letter is required. <b>ACTION: DG.</b></p> <p>The committee:</p> <ul style="list-style-type: none"> <li>• Approved the letter of representation pending the minor amendment.</li> </ul> <p>The chair proposed seeking Governing Body approval at its meeting on 16 June 2022 to delegate authority to the Chief Executive Officer, Chief Finance</p>	<p>HB/ SC DG</p> <p>DG</p>
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	<p>&amp; Performance Officer Designate and the Audit &amp; Risk Committee chair to resolve any minor issues on the accounts and annual report should they arise before the final submission deadline on 22 June.</p> <p>The Audit &amp; Risk Committee:</p> <ul style="list-style-type: none"> <li>• Approved the draft annual report, accountable officer's statement and annual accounts for 2021/22</li> <li>• Noted the Internal Auditors' Head of Internal Audit Opinion</li> <li>• Noted the External Auditors' Summary and ISA260 report</li> <li>• Made a recommendation to the Governing Body to accept the annual report, annual accounts, Head of Internal Audit Opinion and the ISA260 report</li> <li>• Approved the proposal to seek delegated authority from the Governing Body if necessary as detailed above.</li> </ul> <p>The Chair brought the discussion to a close by thanking all the staff involved, and external and internal audit colleagues for their support, commitment and hard work in getting to this position.</p> <p>ZE expressed her thanks and appreciation to the Committee for the work achieved and for the handover document that would be discussed later on the agenda.</p> <p><i>Zina Etheridge left the meeting.</i></p> <p>The order of the agenda was changed slightly at this point.</p>	
<b>3.0</b>	<b>Internal Audit</b>	
	<p><b>3.1 Annual report</b></p> <p>In addition to the update given under agenda item 2.2, JE advised that progress in regard to management actions was included in the report. The actions will be followed up as part of the Qtr1 workplan and reported to the new ICB Audit &amp; Risk Committee. The key discussion points were:</p> <ul style="list-style-type: none"> <li>• The primary care report – is a positive report which has not had a negative impact on the overall opinion and JE summarised the three actions have been raised:</li> <li>• Contracts register – this links to actions raised regarding procurement and the on-going work in that area. SE thanked RSM for the helpful report and welcomed the useful steers within it and agreed that the contracts register needs to be addressed so that it is used as an effective management tool going forward.</li> <li>• Reducing health inequalities agenda – robust plans need to be in place and SE advised that there has been a lot of discussion at the Primary Care Commissioning Committee about trying to address the inequity of provision of services across NEL to try and address the inequity which needs to be framed better so that it considers the wider in-equalities agenda.</li> <li>• Budget change reporting – SE welcomed the narrative provided in the report.</li> </ul> <p>The Audit &amp; Risk Committee noted the report.</p>	
<b>4.0</b>	<b>Information Governance</b>	
	<b>4.1 Data Security &amp; Protection Toolkit update</b>	

	<p>RM presented an update on the Data Security &amp; Protection Toolkit (DSPT) and explained that two submissions were required and confirmed the CCG has exceeded the standard on both. RSM are currently undertaking a process to check all the evidence. Two areas needed to be resolved - the process for starters and leavers and software development methodology. JE confirmed RSM's draft report is expected to be issued in the coming week. JE to share the draft report with the Chair once it is available. <b>ACTION: JE.</b> The main discussion points were:</p> <ul style="list-style-type: none"> <li>• How the Information Governance function will look going forward – a Data Access Group has been set up consisting of partners from local acute and community trusts. RM gave his understanding of the short-term plan in that the ICB will have an Information Steering Group and the expectation is there will be more closer working in regard to the Data Access and Data Sharing groups but they will still need to report into their own statutory organisations' IG Steering Groups. SC confirmed there is a keenness to align things more closely with increased partnership wide forums to work through data sharing issues and related matters as part of the collaborative system working.</li> <li>• Cyber fraud – an outline of the work undertaken in regard to cyber security was given and members were reminded of the report presented at the last meeting. Daily reports from NHS Digital are acted upon appropriately.</li> </ul> <p>The Audit &amp; Risk Committee noted the update.</p> <p><i>Rob Meaker left the meeting.</i></p>	JE
4.0	<b>Governance</b>	
	<p><b>4.1 ICS governance update including due diligence</b></p> <p>MP and CE presented the update and gave an overview of the action being taken to ensure safe transition from the CCG to the ICB. The main discussion points were:</p> <ul style="list-style-type: none"> <li>• The CCG's legal advisor's Brown Jacobson have provided assurance that we are on track against the requirements and written assurance has been provided to NHSE from ZE that she is assured that everything is on track to safely close down the CCG and establish the ICB.</li> <li>• Browne Jacobson will issue a due diligence letter at the end of June which will be presented to the new ICB board and Audit &amp; risk Committee.</li> <li>• A final closedown report will be presented to the Governing Body on 29 June.</li> <li>• An updated version of the Operating Plan will be submitted to NHSE on 20 June 2022 and assurance was given in regard to the on-going work relating to budgeting processes for 2022/23. A first draft of the corporate and programme budgets is expected by 1 July 2022 and LSS staff will be added from that date.</li> </ul> <p>Committee members noted the update and thanked everyone involved in providing the committee with a high level of assurance.</p> <p><i>Carl Edmunds left the meeting.</i></p> <p><b>4.2 Risk register development update</b></p>	



	<p>MP advised the Committee that a lot of work has been undertaken by the Head of Governance with support from RSM colleagues. The main discussion points were:</p> <ul style="list-style-type: none"> <li>• The number of risks on the corporate risk register has reduced since it was last presented following a detailed review and conversations with relevant directors and teams.</li> <li>• RSM colleagues have provided input on the draft ICB risk management policy and Committee members were invited to comment on the policy.</li> <li>• Members welcomed the useful construction of the overall higher-level risk register which will help the process to run smoothly going forward.</li> <li>• Key challenges will include how the provider risks will be incorporated and how that is linked to risk appetite and escalation and de-escalation.</li> <li>• MP advised that she meets regularly with the trusts' governance leads and the alignment of risk processes is being looked at.</li> <li>• A culture of risk management is needed and this needs to be a focus for OD so that it gets translated into day to day action for staff.</li> <li>• Committee members welcomed the comprehensive policy.</li> <li>• Risks from the current organisation will transfer to the ICB and the appropriate lead officer.</li> </ul> <p>Committee members noted the update, welcomed the progress made and thanked everyone involved for getting to this position.</p> <p><b>4.2 Handover</b> The Chair recapped that the handover note has been prepared for onward sharing with the new Audit &amp; Risk Committee to guide and support them going forward.</p> <p>The committee supported everything in the document and it was agreed that the list of deep dives will be built on as the Committee moves forward.</p>	
<b>5.0</b>	<b>External Audit</b>	
	<p><b>5.1 Annual Auditors report</b> DG apologised for the delay in sharing the report and confirmed it would be circulated after the meeting. The Chair asked members to feedback any comments via HB and asked for the value for money commentary to be presented at the final governing body meeting on 29 June 2022 to complete the audit process: <b>ACTION: HB</b></p>	DG HB
<b>7.0</b>	<b>Local Counter Fraud Specialist</b>	
	<p><b>7.1 Annual report</b> MK gave the key messages and clarified that the term 'invoicing insider' was a typing error. In regard to the Counter Fraud Functional Standard (CFFS) return, MK advised that he has discussed the return with the Chair, HB and SC and reported that this is a positive return with an overall green rating.</p> <p>The Audit &amp; Risk Committee noted the report and welcomed the assurance regarding the rating of the CFFS return.</p>	
<b>8.0</b>	<b>Finance</b>	
	<b>8.1 Finance overview</b>	



	<p>HB and SC gave a verbal update. The key discussion points were:</p> <ul style="list-style-type: none"> <li>• The final submission of the Operating Plan is due on 20 June 2022 and a balanced submission is required.</li> <li>• Members were advised that the providers' month 2 draft positions are already looking very challenged.</li> <li>• A discussion took place about the £6.6m allocation to help tackle inequalities that the seven PLACE areas have been asked to present bids on. KA expressed concern about the bids if the funding is not recurrent.</li> </ul> <p>The Committee noted the update.</p> <p><b>8.2 Going concern assessment</b>  SC presented the report which detailed the work undertaken to evaluate the validity of the going concern assumption of NHS North East London CCG. A summary of the overall conclusion was given and SC confirmed there will be no interruption of provision as a result of the CCG ending and the ICB coming into being.</p> <p>The Audit &amp; Risk Committee:</p> <ul style="list-style-type: none"> <li>• Noted the report and approved the assessment.</li> </ul>	
<b>9.0</b>	<b>Update of the transfer of LSS staff</b>	
	<p>CF provided the update and talked through the highlights and confirmed that outstanding issues are expected to be resolved by 24 June 2022. CF addressed questions relating to the ICT hosting approach and confirmed it is subject to a huge amount of scrutiny The Chair asked whether there are any financial liabilities that the Committee needs to be aware of and CF confirmed that nothing un-expected has arisen as part of the due diligence process undertaken.</p> <p>The Audit &amp; Risk Committee noted the report.</p> <p><i>Charlotte Fry left the meeting.</i></p>	
<b>10.0</b>	<b>Key messages to feedback to the Governing Body</b>	
	A short paper will be drafted for the final meeting of the Governing Body on 29 June 2022.	KP/ AMc
<b>11.0</b>	<b>Any other business</b>	
	The Chair took the opportunity to thank people on a personal level for their hard work and commitment. Thanks were conveyed back to the Chair for everything he has achieved in his role.	
<b>12.0</b>	<b>Items for information</b>	
	<p><b>12.1 Procurement Group minutes</b>  The committee noted the minutes of the meetings held in April and May 2022.</p> <p><b>12.2 Information Governance Group minutes</b>  The committee noted the minutes of the meetings held in April and May 2022.</p> <p><b>12.3 ICS Transition oversight Group</b>  The committee noted the papers from the meeting held in May 2022.</p>	

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