

**Item: 11.3**

**INTEGRATED AUDIT AND GOVERNANCE COMMITTEE**

**MINUTES OF THE MEETING HELD ON TUESDAY 14 NOVEMBER 2017 AT 9.00AM IN  
THE BOARDROOM, WILBERFORCE COURT, HULL, HU1 1UY**

**PRESENT:**

Karen Marshall, Lay Member, Hull CCG (*Chair*)  
Jason Stamp, Lay Member, Hull CCG

**IN ATTENDANCE:**

Robert Bassham, Internal Audit Manager, AuditOne  
Gareth Everton, Head of NHS Funded Care (*for item 9.5 only*)  
Mark Kirkham, Partner, Mazars LPP  
Campbell Dearden, External Audit Manager, Mazars LPP  
Emma Sayner, Chief Finance Officer, Hull CCG  
Sarah Smyth, Director of Quality & Clinical Governance/Executive Nurse, Hull CCG (*from Item 9.1*)  
Mike Napier, Associate Director of Corporate Affairs, Hull CCG  
Pam Heaford, Personal Assistant, Hull CCG (*Minute Taker*)

**1. APOLOGIES FOR ABSENCE**

Paul Jackson, Lay Member, Hull CCG (*Vice Chair*)  
Sue Kendall, Head of Audit (Yorkshire) AuditOne  
Terry Smith, Head of Counter Fraud, AuditOne  
Danny Storr, Deputy Chief Finance Officer (Finance), Hull CCG

**2. MINUTES OF THE PREVIOUS MEETING HELD ON 12 SEPTEMBER 2017**

The minutes of the IAGC meeting held on 12 September 2017 were submitted for approval. It was agreed that these were a true and accurate record of the meeting.

**Resolved**

(a)	The minutes of the IAGC meeting held on 12 September 2017 were taken as a true and accurate record and would be signed by the Chair.
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**3. MATTERS ARISING / ACTION LIST**

The Action List from the meeting held on 12 September 2017 was provided for information.

All actions were now complete.

**Resolved:**

(a)	The Action List from the meeting held on 12 September 2017 was noted.
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**4. NOTIFICATION OF ANY OTHER BUSINESS**

Any proposed item to be taken under Any Other Business must be raised and, subsequently approved, at least 24 hours in advance of the meeting by the Chair.

**Resolved:**

(a)	The Chair requested that Audit Committee Effectiveness be discussed under any other business at item 10.1
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**5. DECLARATIONS OF INTEREST**

In relation to any item on the agenda of the meeting, members were reminded of the need to declare:

- (i) any interests which are relevant or material to the CCG;
- (ii) any changes in interest previously declared; or
- (iii) any financial interest (direct or indirect) on any item on the agenda

Any declaration of interest should be brought to the attention of the Chair in advance of the meeting or as soon as they become apparent in the meeting. For any interest declared the minutes of the meeting must record:

- (i) the name of the person declaring the interest;
- (ii) the agenda item number to which the interest relates;
- (iii) the nature of the interest;
- (iv) be declared under this section and at the top of the agenda item which it relates to;

Name	Agenda Item No	Nature of Interest /Action
Jason Stamp	All agenda items	Direct pecuniary interest as Chair of the Public and Patient Voice Assurance Group for Specialised Commissioning, NHS England. The declaration was noted – no further action was considered necessary.
Jason Stamp	All agenda items	General Interest as Chief Executive of North Bank Forum voluntary sector which currently hosted the Social Prescribing Service. The declaration was noted – no further action was considered necessary.

**Resolved:**

(a)	The above declarations of interest were noted – no action was required to be taken
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**6.1 HULL CCG AUDIT PROGRESS REPORT**

The Chair welcomed Campbell Dearden, External Audit Manager for Mazars LPP, to the meeting and introductions were made. Members were advised that Campbell would be covering for Nicola Hallas whilst she was on maternity leave.

Mark Kirkham of Mazars LLP, presented a progress report in respect of the 2017/18 external audit. Members were advised that initial planning and risk assessments for the 2017/18 audit had now been completed, further details of which were provided in the Audit Strategy Memorandum (Item 6.2 below)

The report also included a technical update for IAGC members which provided details of national publications and, where relevant, local messages. The following comments were made.

### NHSE Annual Assessment of CCGs

Discussion took place with regard to the published results of performance against the NHSE CCG Improvement and Assessment Framework's indicators and, in particular, the table which set out the ratings for the STP area and other regional CCGs, for 2015/16 and 2016/17.

NHS Hull CCG had achieved an outstanding rating for 2016/17 which was a reflection of strong leadership and sound financial control.

The CCG had worked differently and innovatively on the following areas of work:

- establishment of an Aligned Incentive Contract with HEYHT with a consolidated Hull and East Riding position
- development of an Integrated Financial Plan with the Local Authority
- approach to managing Estate
- development of a Primary Care Blueprint
- STP financial leadership

In order to retain an outstanding rating it would be essential for the CCG to maintain it's strong leadership, financial control and the depth of high quality staff and also to focus on clinical outcomes.

Jason Stamp expressed some concern in relation to risk in terms of the performance of STP CCG partners.

It was noted that Emma Latimer was currently working with North Lincolnshire CCG with a view to improving their performance.

### Sustainability and Transformation Partnerships Progress Dashboard

The Humber, Coast and Vale STP's overall performance was currently at Category 4 – needs most improvement.

Hull CCG hosted the STP budget and provided financial leadership which presented an opportunity to shape and manage STP Policy.

The Chief Officer stated that Hull CCG would continue to work with the Local Authority; but advised that there may be some running cost implications.

### **Assurance:**

The Board can be assured that Mazars, the External Auditors for Hull CCG, have completed initial planning and risk assessments for the 2017/18 audit.

### **Resolved:**

(a)	The update on the 2017/18 audit was noted, and
(b)	the national publications and other local updates were noted

## 6.2 AUDIT STRATEGY MEMORANDUM

Mark Kirkham of Mazars presented the Audit Strategy Memorandum (ASM) which set out the External Audit Plan for NHS Hull CCG for 2017/18 for member's consideration.

The key messages from the ASM which were as follows:

### Timing of work

The audit would be delivered in the following four main phases:

- Planning stage – October 2017-January 2018
- Interim stage – February 2018
- Fieldwork stage – April 2018-May 2018
- Completion stage – May 2018

### Financial Statements audit

Significant risks:

The following areas had been identified on which specific audit procedures would be carried out to mitigate the risk of material misstatements in the CCG's financial statements:

- management override of controls;
- revenue recognition, and
- related party transactions

Materiality:

- The basis for materiality for the financial statements as a whole had been set at £6.56m.
- Identified misstatements below £197,000 would not be reported

### Value for Money conclusion

- Outline approach to VFM conclusion on whether the CCG has proper arrangements in place for securing economy, efficiency and effectiveness in its use of resources.
- The Aligned Incentive Contract had been identified as a significant risk in respect of VFM work

In relation to Appendix A – Service organisations (page 14 of the document), the Chair requested that reference to Primary Care co-commissioning costs be amended to Primary Care commissioning costs.

### **Assurance:**

The Board can be assured that Mazars, the External Auditors for Hull CCG, have produced an Audit Strategy Memorandum (ASM) which sets out their proposed approach in respect of the audit of NHS Hull CCG for the year ending 31 March 2018.

### **Resolved:**

(a)	The contents of the Audit Strategy Memorandum were considered and noted, and
(b)	the document would be revised to reflect the minor amendment requested in Appendix A to "Primary Care commissioning"

## 7. INTERNAL AUDIT

## 7.1 INTERNAL AUDIT PROGRESS REPORT

The Internal Audit Manager, AuditOne, presented the above report to inform and update the Integrated Audit and Governance Committee (IAGC) on progress made against the 2017/18 Internal Audit Plan since the last meeting.

### **Final reports issued since the last meeting:**

Continuing Healthcare/Personal Health Budgets – **significant assurance** had been provided as a result of the audit

An action plan had been agreed to address some identified weaknesses in control and it was reported that these were being managed and there was now clarity around process and roles.

The Chair stated that CHCP were better based to give an independent view with regard to decision making and it would be important to retain this.

(The Head of NHS Funded Care presented a report to update the IAGC on the performance of the Continuing Healthcare Service at Item 9.5)

### **Follow up work**

It was reported that two actions were outstanding in relation to the audit of Provider Contract Management, for which a revised implementation date of March 2018 had been agreed.

With regard to the action to obtain third party assurance in relation to the eMBED contract, the Chair questioned if this had progressed. Robert Bassham advised that AuditOne were carrying out some work for the CCGs around independent assurance and the element of assurance recognised from eMBED. A verbal update on this work would be provided to the next meeting.

### **Counter Fraud**

The Chair queried the lack of reference to fraud work within the report and stated that there needed to be some form of recognition of routine fraud work at this committee.

The Chief Finance Officer agreed to speak to Terry Smith, Head of Service, Counter Fraud for AuditOne. Terry Smith would be invited to attend the next meeting and a current status statement on counter fraud work was requested.

### **Assurance:**

- (i) The Board can be assured of satisfactory progress and outcomes in delivering the Internal Audit Plan, which continues to represent appropriate coverage as part of the wider assurance framework.
- (ii) The Board can be assured that **significant assurance** has been provided that the Continuing Healthcare management processes in place are generally adequate and effective.

**Resolved:**

(a)	The results of internal audit activity since the previous meeting were noted;
(b)	the findings of the audit of Continuing Healthcare/Personal Health Budgets and agreed actions were noted;
(c)	the results of the internal audit follow-up activity since the previous meeting were accepted;
(d)	a verbal update would be given at the next meeting on the independent assurance work around eMBED, and
(e)	Terry Smith, Head of Service, Counter Fraud for AuditOne would be invited to attend the next meeting to present a current status on counter fraud work

**7.2 INTERNAL AUDIT CHARTER**

The Internal Audit Manager presented the Internal Audit Charter between the CCG and AuditOne for review and ratification.

The Internal Audit Charter provided a formal document that defined the purpose, authority and responsibility of AuditOne as Hull CCG's internal audit provider.

The Chief Finance Officer had agreed the Internal Audit Charter and IAGC members ratified this decision.

**Assurance:**

The Board can be assured that an agreed Internal Audit Charter is in place between the CCG and AuditOne which sets out the audit process and responsibility of Hull CCG's internal audit provider.

**Resolved:**

(a)	IAGC members reviewed and ratified the Internal Audit Charter.
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**8. FINANCIAL GOVERNANCE**

**8.1 FINANCIAL REPORT**

The Chief Finance Officer presented the Financial Report for consideration.

It was reported that the CCG was forecasting delivery of all financial targets for the year.

**Financial Performance**

A number of financial risks had been identified which included:

Spire healthcare: (forecast overspend of £2m) A working group had been established as part of the Aligned Incentive Contract to monitor and manage the expenditure with Spire and the MSK triage pathway was expected to have a significant impact on this.

The Chief Finance Officer advised IAGC members that specific dedicated work had been taking place with Spire and that Hull CCG, as lead contractor, was currently taking legal advice over the position with Spire.

Information was being analysed with a view to value for money and best use of resources as well as the best interests of the patient and the clinical quality element

In addition to looking at the legal implications, a granular look was being taken at all orthopaedic referrals/MSK Service. This would not compromise Patient Choice but would encourage efficiency and cost reduction.

Continuing Healthcare: (forecast underspend of £1m) there had been a reduction in numbers during 2015/16 and 2016/17 but this was now starting to level, it was reported that there had been a big policy-type shift and a data cleansing exercise.

Other Community Based Services: (forecast overspend of £0.5m) this referred to complex community based care packages.

Prescribing: (forecast underspend of £1.2m) a plan to reduce prescribing had been mobilised which was a major achievement and demonstrated efficiency.

**Better Payment Practice Code (30 day target)** - performance was on track.

**Delivery of Quality Innovation Productivity and Prevention (QIPP)** – targets were on track.

**Progress on the 2017/18 Investment Programme** - no concerns had been flagged.

**STP Income and Expenditure** - IAGC members noted the reported STP salary costs and a discussion took place as to how this figure could be externally interpreted in light of updates on current STP performance. Members were advised that STP salaries were proportionally recharged across the partnership.

**Outstanding Debtors and Creditors (Over 6 months old and over £5,000)**

There was one creditor to report which was £17.6k for Kier Business Services Ltd for which a credit note was still awaited.

There were three debtors to report for Harrogate and Rural District CCG for £19.1k, £8.7k and £8.0k in relation to SI service recharges – eMBED have been actively chasing this debt.

**Assurance:**

The Board can be assured that, at this stage of the financial year, the current financial position indicated that the CCG would achieve all financial targets for the year.

**Resolved:**

(a)	The performance for the year to 31 September 2017 and the forecast of a balanced in-year position was noted, and
(b)	the achievement of financial targets was noted

**8.2 REVIEW OF LOSSES AND SPECIAL PAYMENTS**

The Chief Finance Officer advised that there were no losses or special payments to report.

**Assurance:**

The Board can be assured that appropriate systems and processes are in place to discuss and declare any losses and special payments made.

### **8.3 PRIMARY CARE PRESCRIBING REBATE OFFER NHS HULL CCG FOR TIOTROPIUM & OLODATEROL RESPIMAT (SPIOLTO) AND MEZOLAR MATRIX (FENTANYL) PAIN PATCH**

The Chief Finance Officer presented IAGC Members with a report which provided the details of two Primary Care Prescribing Rebate Offers; one from Boehringer Ingelheim for Tiotropium and Olodaterol Respimat (Spiolto), and one from Sandoz Limited for Mezolar Matrix (Fentanyl) Pain Patch.

Members were advised that these Primary Care Prescribing Rebate Offers had been taken to the Planning and Commissioning Committee meeting on 6 October 2017, where they had been discussed and recommended for endorsement, and had now been brought to the IAGC for approval.

In relation to the Primary Care Rebate Scheme for Mezolar Matrix (Fentanyl) Pain Patch, the offer was approved in principle; however the Chair requested that confirmation be sought that measures were in place to mitigate any potential adverse incentives being created to prescribe and also that, as Hull had the highest number of deaths associated with Fentanyl in the substance misuse community, any potential unwanted consequences had been considered during the review of the scheme.

In relation to the Primary Care Rebate Scheme for Tiotropium and Olodaterol Respimat (Spiolto) – it was noted that there was a discrepancy in Appendix 1 with regard to the length of the contract which was referred to as both 2 and 3 years and clarification on this would be sought outside of the meeting. This offer was also approved in principle.

The Chair would formally sign IAGC approval of these two Primary Care Prescribing Rebate Offers outside of the meeting, once assurances had been received from the Medicines Optimisation Pharmacist, NECS on the issues raised.

#### **Assurance:**

The Board can be assured that all Primary Care Rebate Scheme offers are considered by the Planning and Commissioning Committee prior to submission to the Integrated Audit and Governance Committee for approval.

Two Primary Care Prescribing Rebate Offers; one from Boehringer Ingelheim for Tiotropium and Olodaterol Respimat (Spiolto), and one from Sandoz Limited for Mezolar Matrix (Fentanyl) Pain Patch were approved in principle by the IAGC, subject to the provision of further assurance sought from the Medicines Optimisation Pharmacist, NECS.

#### **Resolved:**

(a)	The Primary Care Rebate offers for Tiotropium and Olodaterol Respimat (Spiolto), and Mezolar Matrix (Fentanyl) Pain Patch, recommended for endorsement by the Planning and Commissioning Committee were considered;
(b)	further assurance would be sought from the Medicines Optimisation Pharmacist, NECS, on two issues raised;
(c)	both these offers were approved in principle by the IAGC, subject to the



	provision of further assurance requested, and
(d)	following receipt of the further assurance requested, the IAGC Chair would formally sign IAGC approval of these two Primary Care Prescribing Rebate Offers outside of the meeting.

## 9. GOVERNANCE

### 9.1 WAIVING OF PRIME FINANCIAL POLICIES

There were no tender waivers to report.

### 9.2 CORPORATE RISK REGISTER

The Associate Director of Corporate Affairs presented the updated Corporate Risk Register for consideration and comment.

There were currently 27 risks on the CCG Risk Register. Of the 27 risks, 17 had a current risk rating of high or extreme.

It was reported that the rating for risk 861 which related to “Never Events” at Hull & East Yorkshire Hospitals NHS Trust (HEYHT) had been escalated from 8 to 12 as a consequence of the Trust having declared three wrong site surgery never events during August 2017.

The following risks were requested to be closed:

- Risk 914 – lack of a capable provider(s) to develop a Multi-speciality Community Provider  
IAGC Members approved the removal of this risk from the Corporate Risk Register.
- Risk 922 – the Aligned Incentive Contract (AIC) between Hull CCG, ERY CCG and HEYHT) and its associated programme of work to deliver the anticipated outcomes in respect of demand management and cost reduction.  
Although it was noted that this risk would be added to the Board Assurance Framework (BAF), IAGC Members requested that this risk remain on the Corporate Risk Register until the end of the year in order that it could be fully monitored and a level of assurance could be given. In the interim, it was agreed that this risk would be reported in both documents and a decision on a further review would be taken at the end of the financial year when the new strategic objectives on the BAF would be determined.

#### **Assurance:**

The Board can be assured that systems and processes are in place to identify and manage risks on the Risk Register. The IAGC are kept updated on any movements, provided with the opportunity to review and comment and approve the removal of any risks from the Risk Register.

IAGC Members had requested that Risk 922 which related to the Aligned Incentive Contract with Hull & East Yorkshire Hospitals Trust remain on the Corporate Risk Register until the end of the year until in order that it could be fully monitored and a level of assurance could be given.

#### **Resolved:**

(a)	The continued work to monitor and update the risks on the Risk Register was
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	noted;
(b)	IAGC members approved the removal of Risk 914 from the Risk Register, and
(c)	IAGC members requested that Risk 922 remain on the Risk Register until the end of the year

### 9.3 POLICIES

#### 9.3.1 REVISION OF FINANCIAL POLICIES AND PROCEDURES

The Chief Finance Officer presented a report which notified IAGC Members that a review of the following financial policies and procedures had taken place

Financial Policies:

Losses and Special Payments  
 Payment of Supplier Invoices  
 Finance Guidelines  
 Receipt of Cash and Cheques  
 Fixed Assets  
 CCAB Study – *requires further review*

Financial Procedures:

Writing off Bad Debts  
 Budget Upload  
 Updating Allocations & Financial Plan  
 Petty Cash  
 Pay Advances  
 Making Payments using Payment Request Form  
 Raising Debtor Requests  
 Purchasing Cards – *requires further review*

The review process had included the following:

- Reformatting of layout, headings and content order to match the current policy template
- Updating job titles, organisations and links that had changed since previous versions
- Updating Equality Impact Assessments (EIAs) which had all subsequently been approved by the Associate Director of Corporate Affairs
- Updating of minor amendments to reflect change in practice or process.

As detailed above, two documents had been returned for further work by the Associate Director of Corporate Affairs, prior to sign off of the EIAs. The amended documents would be brought to a subsequent meeting of the IAGC for ratification.

Members were advised that copies of all the updated policies and procedures were available on request.

Jason Stamp requested sight of the updated EIAs and the Associate Director of Corporate Affairs agreed to provide him with examples of one of the approved financial policy EIAs and an EIA where queries had been raised.

**Assurance:**

The Board can be assured that the CCC regularly reviews and updates its financial policies and procedures which support the organisation's Prime Financial Policies as set out by the CCG constitution.

**Resolved:**

(a)	The changes made to the listed financial policies and procedures were noted,
(b)	the updated financial policies and procedures were ratified by the IAGC;
(c)	the two outstanding documents requiring further review, once amended would be brought to a future meeting of the IAGC for ratification, and
(d)	Jason Stamp would be provided with copies of examples of the updated EIAs

**9.3.2 INFORMATION GOVERNANCE (IG) POLICIES**

The Associate Director of Corporate Affairs presented the following updated IG Policies for approval:

- Data Protection and Confidentiality Policy
- Information Governance Framework and Strategy
- Subject Access Request Policy

Members were advised that the IG policies had been reviewed and updated to reflect the requirements of the General Data Protection Regulation (GDPR) which would come into force on 25 May 2018, along with general housekeeping updates. The changes made to the policies had been highlighted for ease of reference.

The IAGC approved the updated IG policies in principle, subject to the above change.

**Assurance:**

The Board can be assured that the CCG has reviewed and updated its Information Governance policies to incorporate the requirements of the General Data Protection Regulation (GDPR) which comes into force on 25 May 2018.

**Resolved:**

(a)	The changes made to the updated IG Policies were noted;
(b)	reference would need to be made in the policies to reflect cyber security processes and the systems in place to manage this risk, and
(b)	the updated IG policies were approved by the IAGC, subject to the above amendment.

**9.4 PROCUREMENT PANEL ASSURANCE UPDATE**

The Chief Finance Officer presented this report which provided an update on procurement activity for NHS Hull CCG during the period April 2017 to September 2017.

It was reported that no contracts had been awarded following formal procurements between 1 April and 30 September 2017. IAGC members were advised that the CCG was reducing the volume of procurement work being undertaken and encouraging and incentivising integration from a provider perspective as well as a lot of joint working with Hull City Council.

The Chair requested that the next report include:

- estimated values be provided
- the lead manager for the Hull FIRST Project be clarified

**Assurance:**

The Board can be assured that correct procedures and policies are being followed in relation to procurement.

The CCG would continue to use procurement where it was needed; however there is a move towards incentivising integration from a provider perspective as well as a lot of joint working with Hull City Council to establish an integrated delivery system where there is a joint interest.

**Resolved:**

(a)	IAGC Members noted the contents of the Procurement Panel Assurance Update
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*The Head of NHS Funded Care joined the meeting*

**9.5 NHS CONTINUING HEALTHCARE UPDATE REPORT**

The Head of NHS Funded Care presented this report to update the IAGC on the performance of the Continuing Healthcare Service.

It was reported that, in order for an individual to receive NHS Continuing Healthcare (NHS-CHC) funding, they had to be assessed according to a legally prescribed decision-making process to determine whether they had a 'primary health need'.

Data showed that, in the first 6 months of 2017/18, there had been a slight increase in the number of assessments for NHS-CHC; however there had been a decrease in the number of individuals eligible for full NHS-CHC funding. The number of appeals had remained constant in the first half of 2017/18.

Hull CCG had commissioned an audit of the NHS-CHC pathway, against which significant assurance had been provided and an action plan had been produced in response to the recommendations made.

The Head of NHS Funded Care had completed a first draft service specification for a new NHS Funded Care Assessment Service which was subject to consultation with Hull City Council. The finalised revised service specification would be brought back to a future meeting.

**Resolved:**

(a)	IAGC members noted the contents of the Continuing Healthcare Update Report.
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*The Head of NHS Funded Care left the meeting*

**9.6 INFORMATION GOVERNANCE WORK PROGRAMME 2017/18**

The Associate Director of Corporate Affairs presented a report to notify IAGC members of the updates made to the eMBED Information Governance Work Programme 2017-18.

The work programme had been developed with close support from eMBED as the specialist Information Governance advisors to the CCG with whom regular liaison meetings took place.

The latest updates focused in particular on meeting the requirements of the General Data Protection Regulation (GDPR). The updated work programme provided

assurance to members that the statutory requirements of the CCG with respect to Information Governance, including the obligations of the Information Governance Toolkit, were adequately accounted for.

In relation to the testing of cyber security processes, the IAGC Chair requested that further information with regards to the routine resilience testing carried out by eMBED on behalf of the CCG, as well as the specific actions undertaken following the recent cyber-attacks, be distributed to the Chair of the committee.

**Assurance:**

The Board can be assured that the CCG has an updated Information Governance work programme in place in order to meet the organisation’s statutory requirements with respect to Information Governance, including the obligations of the Information Governance Toolkit.

**Resolved:**

(a)	The updated Information Governance Work Programme 2017-18 was noted;
(b)	in relation to the testing of cyber security /resilience measures adopted by the CCG, the IAGC Chair requested that further information with regards to the routine resilience testing carried out by eMBED on behalf of the CCG as well as the specific actions undertaken following the recent cyber attacks be distributed to members, and
(c)	the updated Information Governance Work Programme 2017-18 was approved, subject to the above action

**9.7 EMERGENCY PREPAREDNESS RESILIENCE AND RESPONSE BUSINESS CONTINUITY MANAGEMENT PLAN 2017/18**

The Associate Director of Corporate Affairs presented the Emergency Preparedness Resilience and Response Business Continuity Management (EPRR/BCM) Plan 2017/18.

Members considered the contents of the EPRR/BCM Plan and the Chair requested that more explicit reference be included in the Plan in relation to the threat of cyber security.

**Assurance:**

The Board can be assured that the CCG has an Emergency Preparedness Resilience and Response Business Continuity Management Plan in place for 2017/18.

**Resolved:**

(a)	The contents of the Emergency Preparedness Resilience and Response Business Continuity Management Plan 2017 were considered, and
(b)	the IAGC requested that more explicit reference be included in the Plan in relation to the threat of Cyber Security.

**9.8 HEALTH, SAFETY AND SECURITY GROUP MINUTES** – the draft minutes of the meeting held on 20 September 2017 were noted.

**9.9 QUALITY AND PERFORMANCE COMMITTEE MINUTES** - The minutes of the meetings held on 25 July 2017 and 26 September 2017 were noted.

**9.10 PRIMARY CARE JOINT COMMISSIONING COMMITTEE MINUTES** – the minutes of the meetings held on 25 August 2017 were noted.

**9.11 PLANNING AND COMMISSIONING COMMITTEE MINUTES FROM THE MEETINGS** - the minutes of the meetings held on 1 September 2017 and 4 October 2017 were noted.

## **10. GENERAL**

### **10.1 ANY OTHER BUSINESS**

#### **INTEGRATED AUDIT AND GOVERNANCE COMMITTEE EFFECTIVENESS**

The Chair proposed that a review of the Integrated Audit and Governance Committee effectiveness be undertaken, in the form of a workshop style session facilitated by AuditOne.

It was agreed that this would be timely, particularly in light of new closer working arrangements with the Local Authority and other transformation work programmes. The Chair also recommended that the other committees of the Board undertake similar effectiveness reviews before the end of the financial year.

The Associate Director of Corporate Affairs advised that the Integrated Audit and Governance Committee review would be able to draw upon the findings of the recent Corporate Governance and Risk Management arrangements audit.

The Committees' effectiveness reviews would then be able to inform the next round of terms of reference updates.

#### **Resolved:**

(a)	It was agreed that effectiveness reviews be arranged, facilitated by AuditOne, for the Integrated Audit and Governance Committee and the other Board committees before the end of the financial year.
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#### **Announcement**

The Chief finance Officer announced that she had been shortlisted, as one of the final four in the country, for the HFMA Finance Director of the Year Award.

The winner would be announced at the HFMA Conference on 7 December 2017.

Congratulations were expressed by everyone and all agreed that this was well deserved and a recognition of her hard work and commitment.

### **10.2 DATE AND TIME OF NEXT MEETING**

The next meeting of the IAGC would be held on Tuesday 16 January 2018, at 9.00am in the Boardroom at Wilberforce Court, at which time there would be an opportunity for a pre-meet with the auditors.

Signed: 

Chair of the Integrated Audit and Governance Committee

Date: 16 January 2018

## **Abbreviations**

ASM	Audit Strategy Memorandum
BAF	Board Assurance Framework
BCF	Better Care Fund
CHC	Continuing Healthcare
Col	Conflicts of Interest
DoLS	Deprivation of Liberty Safeguard
EPRR/BCM	Emergency Preparedness Resilience and Response Business Continuity Management
FoI	Freedom of Information
GDPR	General Data Protection Regulation
HEYHT	Hull and East Yorkshire Hospitals Trust
HS&SG	Health, Safety and Security Group
IFR	Individual Funding Requests
LAC	Looked After Children
LCFS	Local Counter Fraud Specialist
LSMS	Local Security Management Specialist
LWAB	Local Workforce Advisory Board
MH & LD	Mental Health and Learning Disabilities
MoU	Memorandum of Understanding
NECS	North of England Commissioning Support
NFI	National Fraud Initiative
NHS-CHC	NHS Continuing Healthcare
PBR	Payment by Results
PCCC	Primary Care Commissioning Committee
PHB	Personal Health Budget
PPD	Prescription Pricing Division
QIPP	Quality Innovation Productivity and Prevention
SI	Serious Incident
SOPs	Standard Operating Procedures
STP	Sustainability and Transformation Plan
SRT	Self Review Tool
TCP	Transforming Care Programme
ToR	Terms of Reference
VfM	Value for Money