

Item: 11.3

INTEGRATED AUDIT AND GOVERNANCE COMMITTEE

MINUTES OF THE MEETING HELD ON TUESDAY 16 JANUARY 2018 AT 9.00AM IN THE BOARDROOM, WILBERFORCE COURT, HULL, HU1 1UY

PRESENT:

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

IN ATTENDANCE:

Robert Bassham, Internal Audit Manager, AuditOne
Mark Kirkham, Partner, Mazars LPP
Mike Napier, Associate Director of Corporate Affairs, Hull CCG
Emma Sayner, Chief Finance Officer, Hull CCG
Terry Smith, Head of Service for Counter Fraud, AuditOne
Danny Storr, Deputy Chief Finance Officer (Finance), Hull CCG
Ian Wallace, Managing Director, AuditOne
Pam Heaford, Personal Assistant, Hull CCG (*Minute Taker*)
Michelle Longden, Corporate Affairs Officer (*observing from item 9.1*)

1. APOLOGIES FOR ABSENCE

Campbell Dearden, External Audit Manager, Mazars LPP
Sue Kendall, Head of Audit (Yorkshire) AuditOne
Sarah Smyth, Director of Quality & Clinical Governance/Executive Nurse, Hull CCG

2. MINUTES OF THE PREVIOUS MEETING HELD ON 14 NOVEMBER 2017

The minutes of the IAGC meeting held on 14 November 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 14 November 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 14 November 2017 was provided for information.

All outstanding actions were now complete.

In relation to the remaining action on the effectiveness of the Integrated Audit and Governance Committee, it was reported that agreement had been reached with AuditOne to look at the effectiveness of all main CCG Board committees and this was now being progressed with a view to undertaking the work April/May 2018.

Resolved:

(a)	The Action List from the meeting held on 14 November 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)	There were no items of Any Other Business.
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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 who were currently the host organisation for the Social Prescribing Service and also the host organisation for Healthwatch Hull. 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. EXTERNAL AUDIT

There were no reports to present at this meeting.

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:

Corporate Governance and Risk Management – **significant assurance** had been provided in relation to the arrangements for the management of Corporate Governance and Risk within the CCG.

An action plan had been agreed to address a number of minor recommendations made as a result of the audit, one of which had related to committee quoracy. Karen Marshall, in her role as Remuneration Committee Chair, advised that the Lay Members had been required to leave a Remuneration Committee meeting for one item due to a conflict of interest declaration whilst a discussion took place about them and that, due to the nature of the membership, such matters would be taken to the CCG Board for decision. It was agreed that this should be made clear in the minutes in future.

To date, no issues had been identified that may adversely affect the annual Head of Internal Audit Opinion.

A review of committee effectiveness was being planned for April/May 2018 which was both welcomed and timely.

It was reported that, although progress against the Internal Plan 2017/18 was currently a little behind, all work had been scheduled and planned in to catch up and there was every intention that this would come in on time.

A draft Internal Audit Plan for 2018/19 had been issued to the CCG and would be brought to the next IAGC meeting for sign off. Members were advised that the plan was likely to include more areas of joint working with the Local Authority.

Members were asked to note that the next AuditOne seminar was planned for 23 March 2018 and would cover the “Nine Serial Killers of major projects and programmes”. It was however suggested that the title be changed.

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 in relation to the arrangements for the management of Corporate Governance and Risk within the CCG.

Resolved:

(a)	The results of internal audit activity since the previous meeting were noted;
(b)	the findings of the audit of Corporate Governance and Risk Management and agreed actions were noted, and
(c)	an Internal Audit Plan for 2018/19 would be brought to the next IAGC meeting for sign off.

7.2 UPDATE ON THE INDEPENDENT ASSURANCE WORK AROUND EMBED

The Internal Audit Manager provided a verbal update on the independent assurance work around eMBED. Members were advised that eMBED had commissioned this piece of work and that terms of reference had been agreed with eMBED. This piece

of work would be used to provide a level of independent assurance on the operation of the main financial systems and processes at eMBED.

It was hoped that the report would be available to eMBED by the end of February 2018, which would enable eMBED to report to the CCG in good time for the preparation of the CCG's Annual Governance Statement. It would be important to reflect that this was a starting point this year and the report from eMBED would be run past Campbell Dearden and his team before submission.

Resolved:

(a)	The verbal update on the independent assurance work around eMBED was noted.
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Assurance

The Board can be assured that eMBED had commissioned AuditOne to carry out a piece of work which would be used to provide a level of independent assurance on their systems, functions and the wider aspect of services provided. The report should assist in the preparation of the CCG's Annual Governance Statement.

7.3 COUNTER FRAUD

PROGRESS REPORT JULY TO DECEMBER 2017

Terry Smith, Head of Service for Counter Fraud at AuditOne, was welcomed to the meeting and introductions were made. He presented a report to update the IAGC on the progress of the Counter Fraud work plan.

Members were advised that the Counter Fraud team at AuditOne had gone through significant change including its model of operation, the culture and accountability of the service and the systems and procedures for completing work plans.

The work undertaken by AuditOne elsewhere had identified significant discrepancies in the self-assessed RAG ratings (annual SRT submission to NHS Protect) which indicated a gap between the perception of the LCFS and the reality. AuditOne had carried out a detailed evaluation of the perception versus reality position of its 14 provider organisations to obtain a benchmark position, identify significant issues and put in place steps to deliver a counter fraud service in a better way.

The new approach to delivering a counter fraud service would be carried out with Hull CCG as part of the newly created annual work plan process, alongside which would be a bespoke fraud risk register.

The fraud risk register would be continually reviewed throughout the year and would direct reactive and proactive counter fraud work. A formal risk assessment would be run in conjunction with the annual SRT process to ensure that identified areas for improvement were considered and resources assigned if appropriate.

The findings from a recent NHS Protect inspection at Hull CCG had been positive. There had been a positive message around fraud provision and a good level of engagement. The final report from the inspection was due w/c 22 January 2018.

In summary the key points moving forward would be to have a risk based work plan,

an inspection report and an action plan. There would be a dedicated resource level to carry out investigations and deal with matters quickly

IAGC Members welcomed the approach of a fraud risk report and a reflection of fraud in other areas.

The Chief Finance Officer also welcomed the opportunity to refresh the approach to counter fraud, although she commented that as Hull CCG was a commissioning only organisation, there was limited scope for fraud to exist and mitigations currently in place would need to be retained.

The Associate Director of Corporate Affairs commented that it was important to accurately reflect the nature of the business and processes of the CCG in this work and to ensure that the counter fraud work covered the other risk based initiatives in the organisation. Members agreed that it would be more appropriate for the Fraud Risk Register to be incorporated into Corporate Risk Register in order to avoid it being seen in isolation. The opportunity for fraud risk to feed into the organisational risk register was welcomed and would form part of the work plan. It was agreed that the Head of Service for Counter Fraud, the Chief Officer and the Associate Director of Corporate Affairs would meet to agree a way forward.

INVESTIGATION REVIEW

A report which set out the findings, areas of concern and conclusion from a review of the current status of a substantial on-going investigation was presented.

It was agreed that the contents of the report would need to be considered in detail outside of this meeting and IAGC Members delegated the decision of making a recommendation to the Chief Finance Officer. The Chief Finance Officer would prepare a report and case for an executive recommendation which would be brought to the next IAGC meeting in March 2018.

Resolved:

(a)	Progress of the counter fraud work plan and investigations was noted;
(b)	the Head of Service for Counter Fraud, the Chief Officer and the Associate Director of Corporate Affairs would meet to agree a process for fraud risk to feed into the Corporate Risk Register, and
(c)	the contents of the investigation review would be considered outside of the meeting and a report and case for an executive recommendation would be brought to next IAGC meeting in March 2018

Assurance:

The Board can be assured that AuditOne had commissioned a full operational service assessment of the Counter Fraud provision. A new approach to delivering a counter fraud service would be carried out with Hull CCG as part of a newly created annual work plan process, alongside which risks identified in relation to fraud would be reflected in the Corporate Risk Register. There would be a dedicated resource level to carry out investigations and deal with matters quickly.

8. FINANCIAL GOVERNANCE

8.1 FINANCIAL REPORT

The Deputy Chief Finance Officer presented the Financial Report to update the Committee on current financial performance and pressures.

It was reported that the CCG was currently forecasting to achieve a balanced position against the in-year allocation and there was no impact on the CCG's historic surplus of £11.640m.

The 2017/18 running cost allocation was £6.223m and the current forecast was that expenditure would be contained within this financial envelope.

Financial Performance

Emerging financial risks included:

Spire Healthcare: (forecast overspend of £2m) this was due to a greater than planned number of referrals into Spire Healthcare. The areas of consistent overspend were orthopaedics, neurosurgery and dermatology. A working group had been established as part of the Aligned Incentive Contract with Hull & East Yorkshire Hospitals NHS Trust (HEYHT) to monitor and manage the expenditure with Spire. It was reported that GP referrals had gone down significantly in November and the MSK Service was expected to have a significant impact in orthopaedics. It was expected that a reduction in activity going through Spire would be seen.

Continuing Healthcare: (forecast underspend of £1.25m) there had been a decline in the number of patients being eligible for Continuing Healthcare and the budget for this year had been reduced to reflect this. The forecast overspend reflected the full year effect of the reduction in 2016/17.

It was reported that Hull CCG was an outlier in terms of trend and work with Adult Social Care and Continuing Healthcare was taking place.

Other Community Based Services: (forecast overspend of £0.5m) the most significant area of overspend related to complex community based individual/bespoke care packages.

Prescribing: (forecast underspend of £1.2m) the delivery of QIPP Schemes would provide an opportunity to go further with more appropriate prescribing.

Primary Care Delegated Commissioning: (forecast underspend £767k) this related to a primary care delegated care budget which reflected a level of contingency that had not yet been committed. The CCG finance team were working with NHS England to understand this.

Mental Health: (forecast overspend of £350k) there had been an increase in the number, and cost, of out of area mental health placements. This issue was being taken forward through the contract management board and solutions were being explored.

The spend on looked after children was forecast to be approximately half the value in 2016/17. There were currently fewer children being funded through this budget and the reason for this was being investigated.

Potential Risks:

The CCG was party to significant risk sharing arrangements relating to:

- The Better Care Fund (BCF) with Hull City Council - there were no significant risks
- The Aligned Incentive Contract with HEYHT - this was a much larger risk share the CCG was working closely with both partner organisations to monitor and manage this.

Better Payment Practice Code (30 day target) - performance was above 95%.

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

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

There was £2m of funding reserves still to be released into budgets.

STP Income and Expenditure – a breakdown of costs had been provided for information.

The Chair requested that she be provided with a more detailed breakdown of pay costs outside of the meeting.

Debtors and Creditors

There were no creditors over 6 months old and over £5,000 to report.

There were two debtors over 6 months old and over £5,000. These were both for £24.6k and relate to 16/17 STP recharges to Humber and NLAG. eMBED were actively chasing these debts.

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 November 2017 and the forecast of a balanced in-year position was noted;
(b)	the achievement of financial targets was noted, and
(c)	the Deputy Chief Finance Officer would provide the Chair with a detailed breakdown of STP pay costs

8.2 REVIEW OF LOSSES AND SPECIAL PAYMENTS

The Deputy 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 INTEGRATED FINANCIAL PLAN UPDATE REPORT

The Deputy Chief Finance Officer presented a report to update the IAGC on the development of an Integrated Financial Plan with Hull City Council.

An Integrated Financial Plan was being developed to support the delivery of a sustainable financial position across Hull and to ensure that the Hull '£' was used as effectively and efficiently as possible.

The benefits of an Integrated Financial Plan would include:

- having a single plan with one set of priorities
- joined up decision making with greater transparency
- reduced duplication
- reduced transactional costs
- more joined up service provision
- obtaining best value for money
- provide an opportunity to influence and impact
- any benefits realised as a result of the integrated approach would be reinvested in health and social care

Both organisations were currently developing a mapping process to enable areas of expenditure to be more easily brought together and analysed. This included the creation of ‘Integrated Cost Centres’ and ‘Integrated Subjective Codes’.

Work was ongoing to develop an Integrated Financial Monitoring Report that would incorporate performance against the BCF and aligned budgets.

An Integrated Prioritisation Framework was also being developed that would outline a joint approach to decision making in relation to investment and disinvestment and would take account of any potential impact on any partner organisations.

Governance processes were in place with the establishment of an Integrated Commissioning Officers Board (ICOB) and Committees in Common. The Associate Director of Corporate Affairs assured IAGC members that whilst partnership working remained at the heart of this work, the CCG retained statutory responsibility for health spend and, as such, the CCG financial framework remained in operation. This required decisions to be put before the CCG Board in advance of the Committees in Common. The CCG had been heavily involved in deciding the meeting process and would remain accountable for its own money.

The Chair requested that the Integrated Financial Plan be brought to the IAGC three times a year.

Assurance:

The Board can be assured that an Integrated Financial Plan with Hull City Council is being developed to support the delivery of a sustainable financial position across Hull and to ensure that the Hull ‘£’ is being used as effectively and efficiently as possible. This included the creation of ‘Integrated Cost Centres’ and ‘Integrated Subjective Codes’. Work was ongoing to develop an Integrated Financial Monitoring Report that would incorporate the performance against the BCF and aligned budgets.

An integrated Prioritisation Framework was also being developed that would outline a joint approach to decision making in relation to investment and disinvestment and would take account of any potential impact on any partner organisations.

Resolved:

(a)	IAGC members considered and noted the update on the development of an Integrated Financial Plan with Hull City Council, and
(b)	the Integrated Financial Plan would be brought to the IAGC three times a year

The Corporate Affairs Officer joined the meeting to observe.

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, 18 had a current risk rating of high or extreme and were included within the report.

The following three further risks had been included on the risk register since the previous report.

- Risk 918 – this was a specific risk related to non-compliance with the Special Educational Needs and Disability (SEND) Code of Practice.
- Risk 926 – this risk was associated with the failure to achieve significant progress on actions related the National Diabetes Transformation Funding.
- Risk 927 – this risk related to the failure to achieve a reduction in trajectories for E.coli bloodstream infections.

The remaining risks had maintained their previous risk rating.

Further discussion took place around the following risks:

Risk 839 – waiting times for Children and Young People (CYP) Autism Assessment and diagnosis exceeding the national 18 weeks target remained a concern.

There had been no improvement despite mitigations in place and there was a high likelihood that this would deteriorate further.

The Chair requested that further work be done to reflect mitigations taken and to capture the work taking place.

Risk 861 – wrong site surgery at HEYHT. The Chair expressed concern that this risk was being managed effectively, there had been three reported incidents in August and a further one in September.

Jason Stamp was asked to pick this issue up at the Quality and Performance Committee.

Risk 926 – it was queried as to why this was a risk. It was reported that this related to Diabetes and was a specific risk around date quality in primary care. Kerry Lynn, as the risk owner, would be asked to re-frame the description of the risk.

Risk 927 – E.coli

Risk 909 – MRSA

It was proposed that these two strands of infection be consolidated into one risk.

The Associate Director of Corporate Affairs would pick this up.

Risk 919 – Homecare Market – homecare providers had been given an additional 5% to deliver – the Chair questioned what the impact of this additional funding had been.

Care Home Quality reported into the Quality and Performance Committee and Jason Stamp agreed was asked to pick this issue up

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.

Resolved:

(a)	The continued work to monitor and update the risks on the Risk Register was noted;
(b)	Risk 839 – further work to be done to reflect mitigations taken and to capture the work taking place;
(c)	Risk 861 – number of incidents of wrong site surgery at HEYHT – Jason Stamp was asked to pick this issue up at the Q&PC;
(d)	Risk 926 – Kerry Lynn, as risk owner, would be asked to reframe the description of the risk;
(e)	Risks 927 and 909 – it was proposed that these two strands of infection be consolidated into one risk, and
(f)	Risk 919 – Homecare Market – Jason Stamp was asked to pick this issue up at the Q&PC

9.3 BOARD ASSURANCE FAMEWORK

The Associate Director of Corporate Affairs presented the current Board Assurance Framework (BAF) for consideration.

The BAF comprised of a total of 26 risks relating to the 12 strategic objectives of the CCG, of which 19 were rated as high and 7 rated as moderate.

It was reported that the rating for Risk 12.1 had decreased from extreme (16) to high (9) – this was in part as a result of the successful recruitment to vacancies and continued progression of integrated working.

The remaining risks had kept their previous ratings and updates had been highlighted within the report.

In relation to Risk 6.1 – Clinically-led delivery model – the Chair requested that a different articulation be provided – the Associate Director of Corporate Affairs would pick this up.

It was reported that work on the development of a Board Assurance Framework for 2018/19 had commenced and Internal Audit colleagues would be doing some work at a future Board Development Session to further develop the BAF.

Assurance:

The Board can be assured that IAGC Members had considered and commented on the updates provided against the assessed risks on the Board Assurance

Framework which was in line with the CCG's 2017/18 strategic objectives. Work on the development of a Board Assurance Framework for 2018/19 had commenced.

Resolved:

(a)	IAGC Members reviewed and approved the updates to the BAF which presented an updated position against the assessed risks, and
(b)	a different articulation was requested to be provided for Risk 6.1

9.4 ANNUAL GOVERNANCE STATEMENT – PREPARATION UPDATE

The Associate Director of Corporate Affairs tabled the draft Month 9 Governance Statement Report for approval prior to submission to NHS England.

The CCG were required to complete a pro-forma which identified any control issues along with mitigating actions in place to address these.

IAGC members approved the contents of the Month 9 Governance Statement Report.

Assurance:

The Board can be assured that work is on-going to prepare the Annual Governance Statement in line with the statutory timeframes. A month 9 Governance Statement Report required by NHS England has been approved by the IAGC prior to submission to NHS England.

Resolved:

(a)	The steps being taken to prepare the Annual Governance Statement were noted, and
(b)	the contents of the draft Month 9 Governance Statement Report were approved by the IAGC prior to submission to NHS England

9.5 FREEDOM OF INFORMATION (FoI) REPORT FOR QUARTER 2

The Associate Director of Corporate Affairs presented the above report which provided IAGC members with an update on the current position and performance against FoI requests made to Hull CCG from July to September 2017, along with a comparison against Quarter 2 in 2016/17.

All requests processed in Quarter 2 had been completed within the statutory 20 working day deadline.

The predominant subject areas of requests for this quarter had been Continuing Healthcare commissioning (CHC) and the Sustainability and Transformation Partnership (STP). Exemptions had been applied to 21.1% (15) of all requests processed. The most commonly applied exemption was Section 21, which demonstrated the CCG was able to redirect requestors to information which is already accessible to the applicant and that the CCG is proactively publishing information that is of interest to the public and it is being open and transparent.

Assurance:

The Board can be assured that the CCG has a process in place to record and respond to all FOI requests received. All requests processed from July to September 2017 had been completed within the statutory 20 working day deadline.

Resolved:

(a)	IAGC members noted the contents of the Fol Q2 Report
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9.6 POLICIES

9.6.1 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:

Area	Title
Payroll	Lease Cars V3.0
Training	CCAB Study V3.0

Financial Procedure:

Area	Title
Procurement	Purchasing Cards V3.0

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.

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

The updated financial policies and procedure were approved by the IAGC

Assurance:

The Board can be assured that the CCC regularly reviews and updates it's 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, and
(b)	the updated financial policies and procedures were ratified by the IAGC

9.6.2 Information Governance Policies

The Associate Director of Corporate Affairs presented a report to notify Committee members of the amendments made to the following Information Governance policies:

- Confidentiality Audit Policy
- Email Policy
- Information Asset Owner Role and Responsibilities
- Mobile Working and Guidelines

- Privacy Impact Assessment
- Records Management Standards and Procedure Guidance
- Safe Haven 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.

Copies of all policies and procedures were available on request.

The IAGC approved the updated IG policies.

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, and
(b)	the updated IG policies were approved by the IAGC

9.7 UPDATED JOINT EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE (EPRR)/BUSINESS CONTINUITY MANAGEMENT (BCM) GROUP – TERMS OF REFERENCE

The Associate Director of Corporate Affairs updated Members on the proposed changes to the terms of reference for the Joint EPRR/BCM Group. The CCG had maintained a joint approach to EPRR/BCM with East Riding of Yorkshire CCG and the terms of reference of the group were subject to annual review. The review had been undertaken by the members of the Joint EPRR/BCM Group and the updated terms of reference were presented for approval.

The changes made related largely to housekeeping elements and consistency of language. The objectives and remit of the group remained the same and now included specific reference to cyber-threats/attacks.

The updated terms of reference for the Joint EPRR/BCM Group were approved in principle by the IAGC, subject to the following amendments:

Quoracy: to be better articulated and tightened to “expect representatives from both organisations to be in attendance at the meeting”

Chairmanship: to be amended to “Chairing”

Assurance:

The Board can be assured that the terms of reference of the Joint Emergency Preparedness, Resilience and Response/Business Continuity Management Group had been reviewed and updated.

Resolved:

(a)	IAGC Members approved the updated terms of reference for the Joint EPRR/BCM Group, subject to the above amendments.
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- 9.8 HEALTH, SAFETY AND SECURITY GROUP MINUTES** – the draft minutes of the meeting held on 5 December 2017 were noted.
- 9.9 QUALITY AND PERFORMANCE COMMITTEE MINUTES** - The minutes of the meetings held on 24 October 2017 and 28 November 2017 were noted.
- 9.10 PRIMARY CARE JOINT COMMISSIONING COMMITTEE MINUTES** – the minutes of the meeting held on 27 October 2017 were noted.
- 9.11 PLANNING AND COMMISSIONING COMMITTEE MINUTES FROM THE MEETINGS** - the minutes of the meetings held on 3 November 2017 and 1 December 2017 were noted.

10. GENERAL

10.1 ANY OTHER BUSINESS

There were no items of any other business to report.

10.2 DATE AND TIME OF NEXT MEETING

The next meeting of the IAGC would be held on Tuesday 13 March 2018, at 9.00am in the Boardroom at Wilberforce Court.

The dates for the extraordinary IAGC meetings to review the annual account were confirmed as:

Wednesday 18 April 2018 from 2.00-4.00pm to review the draft accounts, and

Thursday 24 May 2018 from 1.00-3.00pm to review the audited accounts



Signed:

Chair of the Integrated Audit and Governance Committee

Date: 13 March 2018

Abbreviations

ASM	Audit Strategy Memorandum
BAF	Board Assurance Framework
BCF	Better Care Fund
CHC	Continuing Healthcare
CoI	Conflicts of Interest
CYP	Children and Young People
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
ICOB	Integrated Commissioning Officers Board
IFP	Integrated Financial Plan
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
SEND	Special Educational Needs and Disability
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