

## Item 11.5

### INTEGRATED AUDIT AND GOVERNANCE COMMITTEE

#### MINUTES OF THE MEETING HELD ON 10 JULY 2018 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  
Mark Kirkham, Partner, Mazars LPP  
Mike Napier, Associate Director of Corporate Affairs, Hull CCG  
Emma Sayner, Chief Finance Officer, Hull CCG  
Danny Storr, Deputy Chief Finance Officer (Finance), Hull CCG  
Pam Heaford, Personal Assistant, Hull CCG (*Minute Taker*)

##### 1. APOLOGIES FOR ABSENCE

Campbell Dearden, External Audit Manager, Mazars LPP  
Paul Jackson, Lay Member, Hull CCG (*Vice Chair*)  
Terry Smith, Head of Service for Counter Fraud, AuditOne  
Sarah Smyth, Director of Quality and Clinical Governance/Lead Nurse

##### 2. MINUTES OF THE PREVIOUS MEETING HELD ON 14 MAY 2018

The minutes of the Integrated Audit and Governance Committee (IAGC) meeting held on 14 May 2018 were submitted for approval. It was agreed that these were a true and accurate record of the meeting.

##### MINUTES OF THE EXTRAORDINARY MEETING HELD ON 24 MAY 2018

The minutes of the extraordinary IAGC meeting held on 24 May 2018 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 May 2018 were taken as a true and accurate record and would be signed by the Chair, and
(b)	the minutes of the extraordinary IAGC meeting held on 24 May 2018 were taken as a true and accurate record and would be signed by the Chair

##### 3. MATTERS ARISING / ACTION LIST

The Action List from the meeting held on 14 May 2018 was provided for information.

It was agreed that the on-going action relating to a review of the ratings of all risks on the Risk Register was completed and could now be removed from the action list.

**Resolved:**

(a)	The Action List from the meeting held on 14 May 2018 was noted and would be updated accordingly
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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 to report at this meeting.
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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

### 6.1 ANNUAL AUDIT LETTER NHS HULL CCG 2017/18

Mark Kirkham, Mazars, presented the Annual Audit Letter (AAL) for Hull CCG for the year ending 31 March 2018. IAGC Members were advised that, following the submission of the Audit Completion Report to the extraordinary meeting of the IAGC held on 24 May 2019 which set out the findings and key issues arising from the 2017/18 audit at Hull CCG, the AAL provided a summary of the key messages which had already been conveyed and formed the final document of the 2017/18 audit process.

It was further reported that, as the CCG moved into the second year of the Aligned Incentive Contract (AIC) with Hull & East Yorkshire Hospitals Trust (HEYHT), the key challenges to the CCG would be to embed the processes and achieve clinical outcomes from the AIC.

Members noted the content of the Annual Audit Letter 2017/18 and would recommend that the CCG Board formally approved this document at its next meeting on 27 July 2018 for publication on the CCG website.

#### **Assurance:**

The Board can be assured that the contents of the Annual Audit Letter 2017/18, which had been considered by the IAGC, and which summarised the findings and key issues arising from the 2017/18 audit at Hull CCG, had provided an unqualified opinion on the financial statements and had not identified any issues to report.

The IAGC recommended that the CCG Board formally approved the Annual Audit Letter 2017/18 for publication.

#### **Resolved:**

(a)	The contents of the Annual Audit Letter for NHS Hull CCG was considered, and
(b)	the IAGC recommended that the CCG Board formally approved the Annual Audit Letter 2017/18 for Hull CCG for publication on the CCG website

## 7. INTERNAL AUDIT

### 7.1 INTERNAL AUDIT PROGRESS REPORT

The Internal Audit Manager, AuditOne, presented the above report to inform and update the IAGC on progress made against the 2017/18 and 2018/19 Internal Audit Plans.

The following four final reports had been issued since the last meeting, all of which had provided **substantial assurance** and there had been no major issues to report.

- Board Assurance Framework
- Safeguarding
- Commissioning Cycle
- Quality Governance

### Internal Audit Plan 2017/18

It was noted that the first two pieces of work on Continuing Healthcare/Personal Health Budgets and Corporate Governance & Risk Management had provided a **significant** level of assurance whilst the remainder had provided a **substantial** level of assurance; this was due to a change in reporting process and the earlier pieces had been completed prior to this change being implemented.

The following two pieces of work were still to be finalised:

- Committee Arrangements – this work had now been completed and the final report would be brought to the next IAGC meeting
- Estates – this work was still on-going and it was hoped it would be brought to the next meeting

A statement within the report advised that AuditOne would no longer be undertaking the follow up process for low graded recommendations. Robert Bassham advised that this decision had been made by the AuditOne Board and stated that AuditOne would make recommendations to be accepted by management to implement with an internal mechanism to take on board and comply with. The same statement was being issued to every organisation served by AuditOne.

The Chair raised an objection to the decision by AuditOne and asked what consultation had taken place with their clients prior to this unilateral decision? She confirmed that she would like the follow up process to continue as best practice. Jason Stamp also objected to the proposal as the follow-up work provided the CCG with important independent assurance and feedback to the IAGC that work had been completed. This also raised questions around value for money/use of resources and any potential discount. Robert Bassham would ask Ian Wallace to contact the Chair and Chief Finance Officer to discuss this matter further.

Robert Bassham made a personal announcement that he would be retiring later in the year and the next IAGC meeting on 11 September 2018 would be the last meeting he would be attending. A recruitment process was currently being undertaken to appoint a successor.

The Chair expressed her sincere appreciation and thanks to Robert for all his work and support as the CCG's Internal Auditor. This was endorsed by all those present.

### **Assurance:**

- (i) The Board can be assured of satisfactory progress and outcomes in delivering the Internal Audit Plan, which continued to represent appropriate coverage as part of the wider assurance framework.
- (ii) The Board can be assured that final reports issued on reviews of the following four areas had all provided **substantial assurance** and there had been no major issues to report.
  - Board Assurance Framework
  - Safeguarding
  - Commissioning Cycle
  - Quality Governance

**Resolved:**

(a)	Progress against the 2017/18 and 2018/19 Internal Audit Plans were noted, and
(b)	The contents of the four final reports issued since the last IAGC meeting were noted, and
(c)	Robert Bassham would ask Ian Wallace to contact Karen Marshall and Emma Sayner to discuss AuditOne's proposed withdrawal of the follow up process for low graded recommendations.

**7.2 ANNUAL INTERNAL AUDIT REPORT 2017/18**

The Annual Internal Audit Report 2017/18 would be formally brought to the next IAGC meeting on 11 September 2018

**7.3 COUNTER FRAUD**

Members noted that there were no Counter Fraud reports presented or Counter Fraud presence at this meeting.

**8. FINANCIAL GOVERNANCE****8.1 FINANCIAL REPORT**

The Deputy Chief Finance Officer presented the Financial Report to update the Committee on the summary financial performance for the period 1 April 2018 to 31 May 2018 and the CCG's draft year end position for 31 March 2019.

The CCG was currently forecasting to achieve a balanced position against the in year allocation. There was therefore no impact on the CCG's historic surplus of £15.267m. This was in line with the 2018/19 financial plan submitted to NHS England.

The 2018/19 running cost allocation was £6.21m and the current forecast was that expenditure would be contained within this financial envelope.

**Financial Performance**

Members were advised that, at this early stage of the year, there was limited financial information to report and all plans were on track.

It was noted that budgets had been adjusted for significant recurrent pressures / underspends in the previous financial year, however some of these adjustments were still to be released from reserves.

In order to manage the financial position and achieve the balance required by NHS England, the CCG had accessed the contingency reserve that was set aside in the financial plan as well as potential slippage on reserves.

The Chief Finance Officer reported that there would be expenditure and planned investment in Out of Hospital Care with attention being focused on getting internal prioritising processes in place in order to address emerging pressures coming from Care Transformation. The Frailty pathway would be replicated with the re-design of Respiratory, Diabetes and Dementia pathways. Resource for this had been included within the financial plan. This would provide a much more sustained

system-wide Out of Hospital Care investment with joint working arrangements with the Local Authority and investment across Primary Care and the Local Authority.

Jason Stamp sought clarity on the process, membership and role of the Prioritisation Panel. The Chief Finance Officer advised that the Prioritisation Panel formed a sub-group of the Planning and Commissioning Committee and had a clear scheme of delegation, structure and watertight business case process. Paul Jackson, as Lay Member, sat on the Prioritisation Panel.

The Chief Finance Officer would provide a reminder to the Board on the Prioritisation Panel process.

#### **Better Payment Practice Code (BPPC) (30 day target)**

It was reported that Hull CCG's performance against the BPPC 30 day target to 31 May 2018 was 98.25% on value and 97.31% on number for non NHS invoices and 100% and 100% on the value and number of non NHS invoices respectively.

#### **Delivery of Quality Innovation Productivity and Prevention (QIPP) targets**

The QIPP programme for 2018/19 was noted and at this early stage of the year there was no indication that any of the programmes were off track.

#### **STP Income and Expenditure Summary**

It was reported the 3.6% increase in revenue resources would be allocated directly to the CCG and the capital allocation would be routed through the STP. With regard to A4C extra monies and the mechanism for getting this to providers this was still not clear. A close eye would be kept on this area.

The Chair requested that the new Frailty pathway, and its sustainability going forward, be included on the Internal Audit Workplan for next year.

#### **Assurance:**

The Board can be assured that the CCG is currently forecasting to achieve a balanced position against the in year allocation and there is therefore no impact on the CCG's historic surplus of £15.267m, which is in line with the 2018/19 financial plan submitted to NHS England.

The 2018/19 running cost allocation is £6.21m and the current forecast is that expenditure will be contained within this financial envelope.

#### **Resolved:**

(a)	The performance for the year to 31 May 2018 and the forecast of an in year balanced position was noted,
(b)	the planned achievement of financial targets was noted,
(c)	the Chief Finance Officer would provide a reminder to the Board on the Prioritisation Panel process
(d)	the sustainability of the new Community Frailty pathway to be included on the Internal Audit Workplan for 2019/20. Draft plan to be brought to the IAGC on 19 March 2019.

## **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 RISK ARRANGEMENTS RE. THE ALIGNED INCENTIVE CONTRACT AND THE BETTER CARE FUND**

Following a request made at a previous IAGC meeting, the Chief Finance Officer gave a presentation on the Aligned Incentive Contract (AIC) between Hull and East Yorkshire Hospitals Trust, Hull CCG and East Riding of Yorkshire CCG.

The AIC had been developed following a difficult 2016/17 and a system-wide need to move away from a PbR based contract and do things differently. Discussions had taken place between Emma Sayner, Richard Dodson and Lee Bond and agreement had been made to pre-commit contingency and take brave assumptions in order to achieve HEYHT sign up to the AIC.

The planned benefits included more collaborative working together to reduce cost via activity reductions, using PbR data to add value not cost

A revised governance structure had been developed which was headed by the HEYH System Oversight Management Board (SOMB), into which several working groups reported.

A simple risk agreement had been agreed which would be shared equally 3-ways.

Some of the benefits already realised had been a reduction in demand with significant reductions in elective and lower than expected in non-elective activity; the development of urgent care pathways and the introduction of the Integrated Care Centre (ICC) Frailty pathway.

A presentation was not given on the risk arrangements in place for the Better Care Fund as this had now been overtaken by the Integrated Financial Plan and an overall view would be provided to the next meeting.

**Resolved:**

(a)	IAGC Members noted the update on the AIC, and
(b)	an overall view of the Integrated Financial Plan would be provided to the next meeting

**9. GOVERNANCE**

**9.1 WAIVING OF PRIME FINANCIAL POLICIES**

IAGC Members received the notification of the following tender waiver:

- To pilot a social media approach for the 'Got Your Back' campaign
- Proposed provider: Eskimo Soup
- Contract Value £76, 840 + VAT
- Contract period – 12 months

IAGC Members noted the basis upon which the Chief Officer had authorised tender waiver

**Assurance:**

The Board can be assured that appropriate processes are being followed in relation to the waiving of prime financial policies. An approved tender waiver in relation to the pilot of a social media approach for the 'Got Your Back' campaign had been endorsed by the IAGC.

**Resolved:**

(a)	The approved tender waiver in relation to the pilot of a social media approach for the 'Got Your Back' campaign was endorsed.
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**9.2 BOARD ASSURANCE FRAMEWORK 2018/19**

The Associate Director of Corporate Affairs presented the Board Assurance Framework (BAF) 2018/19 for consideration. Members were advised that the Framework had been developed in the light of the establishment of the CCG Strategic Objectives 2018/19 and in the light of the subsequent Board Development Session. It would continue to be refined.

The BAF identified risks against the strategic objectives and comprised of a total of 43 risks relating to the 12 strategic objectives of the CCG for 2018/19.

The risk ratings within the BAF were broken down as follows:

<b>Risk Category</b>	<b>Number of risks</b>
Extreme	7
High	33
Moderate	3

Members noted the contents and it was agreed that they would undertake further, more detailed review, outside of the meeting followed by its receipt at the next IAGC meeting.

**Assurance:**

The Board can be assured that the CCG has developed a Board Assurance Framework for 2018/19 which comprised of a total of 43 risks relating to the 12 strategic objectives of the CCG.

**Resolved:**

(a)	The Board Assurance Framework for 2018/19 was noted;
(b)	IAGC members would take the document away and review its contents, and
(c)	the BAF for 2018/19 would be brought back to the next IAGC meeting in September



### 9.3 CORPORATE RISK REGISTER

The Associate Director of Corporate Affairs presented the latest Corporate Risk Register for consideration and approval.

There were currently 28 risks on the CCG Risk Register. Of the 28 risks, 18 had a current risk rating of high or extreme and were included within the report.

All risks had been aligned to a new strategic objective. One new risk (Risk 899) had been added, changes to the Risk Register had been highlighted, and 4 risks had had their risk ratings amended.

The following update was provided:

A new risk (Risk 899) had been added which related to the possibility of unsafe care of out of area learning disability clients if clinical case management hadn't been undertaken.

Risk 919 – which related to the Homecare market in Hull, had had its rating reviewed and increased in the light of the Committee's previous comments and remained on the Corporate Risk Register as a consequence.

Risk 861 – it was reported that a conversation had taken place around the review of the rating for this risk which related to the number of Never Events. The Chair stated that the IAGC needed assurance that there was close scrutiny of this risk and the Associate Director of Corporate Affairs agreed to discuss this further with the Director of Clinical Governance / Executive Nurse in advance of further consideration at the September 2018 meeting.

In relation to a Primary Care risk – it was proposed that Risk 913 be removed and be replaced by Risk 930 – IAGC members approved this change

#### **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. A new risk (Risk 899) which related to the possibility of safeguarding issues of out of area learning disability clients if clinical case management hadn't been undertaken had been added to the Risk Register. The IAGC approved the removal of Risk 913 which related to Primary Care and which would be replaced by Risk 930.

#### **Resolved:**

(a)	The continued work to monitor and update the risks on the Risk Register was noted;
(b)	the addition to the Risk Register of Risk 899 which related to the possibility of safeguarding issues of out of area learning disability clients if clinical case management hadn't been undertaken was noted;
(c)	Further consideration of Risk 861 at the September 2018 meeting of the Committee.
(c)	the IAGC approved the removal of Risk 913 to be replaced by Risk 930

#### 9.4 FREEDOM OF INFORMATION REQUESTS Q4 REPORT

The Associate Director of Corporate Affairs presented the FOI Q4 Report for consideration, which provided an update on the current position of FOI requests made to NHS Hull CCG from January 2018 to March 2018.

The report provided details of FOI requests received during Q4, along with a summary of requestors, and it was reported that there had been no missed requests during this period. It was noted that the CCG was back to 100% compliance with the 20 day response deadline.

The IAGC could take assurance from this report which, it was stated, was a reflection of the entire organisation.

##### **Assurance:**

The Board can be assured that the CCG has a process in place to respond to all FOI requests received, and there had been no missed requests during the period 1 January 2018 to March 2018.

##### **Resolved:**

(a)	IAGC members noted, and were assured by, the contents of the Freedom of Information Requests Q4 Report
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#### 9.5 CLAIMS REPORT

The Associate Director of Corporate Affairs presented this report which provided the current status of civil claims brought against Hull CCG.

IAGC members were provided with the details of the one on-going case where it had been alleged that the refusal to provide the claimant with Individual Patient Funding (IFR) had led to delayed treatment.

The progression of the case remained slow; however dialogue continued between the claimant's solicitors and NHS Resolution on behalf of the CCG.

##### **Resolved:**

(a)	That the current status of the Claims Report be noted
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#### 9.6 INDIVIDUAL FUNDING REQUEST (IFR) ANNUAL REPORT 2017/18

The IFR Annual Report 2017/18 was presented for consideration and approval.

Both the Chair and Lay Member were already familiar with the IFR Annual Report and there were no further comments made or queries made.

The IAGC approved the IFR Annual Report 2017/18.

##### **Assurance:**

The Board can be assured that the CCG has a policy and process in place for the management of all Individual Funding Request (IFRs).

**Resolved:**

(a)	IAGC members considered and approved the IFR Annual report 2017/18
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**9.7 NHS HULL CCG HEALTH, SAFETY AND SECURITY ANNUAL REPORT 2017/18**

The Health, Safety and Security Annual Report 2017/18 was presented for information and to assure the IAGC of the measures that were in place to manage Health, Safety and Security compliance.

**Assurance:**

The Board can be assured that the CCG continues to fulfil its statutory duties in relation to Health, Safety and Security compliance.

**Resolved:**

(a)	The contents of the Health, Safety and Security Annual Report 2017/18 were noted, and
(b)	the measures in place to manage Health, Safety and Security compliance were noted

**9.8 NHS CONTINUING HEALTHCARE (NHS-CHC) ANNUAL REPORT 2017/18**

The NHS Continuing Healthcare (NHS-CHC) Annual Report 2017/18 was presented for information.

The NHS-CHC Annual Report had previously been taken to the Board and regular updates had been received by both the Quality and Performance Committee and the Primary Care Commissioning Committee.

The Chair stated that a close eye would need to be kept on this area over the coming months and an in year update would be provided to the IAGC to provide additional assurance through this committee, this was scheduled to be brought in to the IAGC in November 2018.

**Assurance:**

The Board can be assured that the CCC continues to fulfil its statutory duties in relation to the NHS-CHC function.

**Resolved:**

(a)	The contents of the NHS Continuing Healthcare (NHS-CHC) Annual Report 2017/18 were noted;
(b)	the processes in place to enable the CCG to continue to fulfil its statutory duties in relation to the NHS-CHC function were noted,
(c)	an in-year update would be brought to the IAGC in November 2018

**9.9 POLICIES**

The following Health and Safety policies were presented to inform the IAGC on how the CCG had fulfilled its statutory duties in relation to the Smoke Free Environment and PAT Testing arrangements:

- Smoke Free Policy
- PAT Testing Policy

Jason Stamp queried whether the EIA's had been signed off for these policies and the Associate Director of Corporate Affairs confirmed that he had signed these off; however the final versions of the policies had not been submitted to this meeting. Final copies of these policies with signed EIAs would be requested following the meeting.

**Resolved:**

(a)	The IAGC noted the Smoke Free and PAT Testing Policies which provided assurance on how the CCG had fulfilled it's statutory duties in relation to the Smoke Free Environment and PAT Testing arrangements, and
(b)	The final policies with signed EIAs would be requested following the meeting

**9.10 IAGC CHAIR'S ANNUAL REPORT 2017/18**

The Chair presented her Annual Report for the period 1 April 2017 to 31 March 2018 for consideration and endorsement.

The Chair's Annual Report covered the work of the IAGC throughout the 2017/18 financial year

IAGC members endorsed the Chair's Annual Report 2017/18 for submission to the CCG Board.

**Resolved:**

(a)	The IAGC Chair's Annual Report 2017/18 was endorsed, and
(b)	the IAGC Chair's Annual Report 2017/18 would be submitted to the CCG Board

**9.11 IAGC TERMS OF REFERENCE**

Members were advised that the IAGC terms of reference were reviewed annually to ensure that they still met the requirements of the Committee.

Minor amendments had been made to the terms of reference which comprised mainly of general housekeeping and formatting changes which had been made under tracked changes for ease of reference and, in addition, the following comments were made by the IAGC:

- Under 1.3 Links and Interdependencies – the word 'The' to be removed from all the Committees of the Board
- Under 2.1 **ACCOUNTABILITY** – should read 'The Integrated Audit and Governance Committee'
- Under 5 **MEMBERSHIP** – '4 out of 6' to be removed and it was proposed that the removal of the number of meetings be consistent across all Committee ToR - the Associate Director would check this with the standing instructions and cross-reference

**Resolved:**

(a)	The IAGC reviewed the highlighted changes to the terms of reference;
(b)	the IAGC terms of reference were agreed, subject to the incorporation of further comments from the IAGC, and
(c)	the amended IAGC terms of reference would be submitted to the CCG

	Board for approval
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### 9.12 REVIEW OF IAGC WORKPLAN 2018/19

The draft IAGC Workplan for 2018/19 was submitted for consideration and approval.

There were no comments made or further amendments proposed to the IAGC Workplan for 2018/19 which was subsequently approved.

#### Resolved:

(a)	The IAGC reviewed the draft IAGC Workplan for 2018/19, and
(b)	the IAGC approved the IAGC Workplan for 2018/19.

### 9.13 COMMITTEE TERMS OF REFERENCE (ToR)

The terms of reference for the formal Committees of the CCG Board were subject to annual review. This had been undertaken by the individual committees and the subsequent revised ToRs were submitted to the Integrated Audit and Governance Committee for consideration. Amendments had been made under tracked changes for ease of reference and, in addition, the following comments had been made by the IAGC:

- **Quality and Performance Committee ToR**  
Under Membership, it was queried as to whether 'Board Registered Nurse Representative' should remain as an alternative Chair
- **Primary Care Commissioning ToR**  
There were no further comments made
- **Planning and Commissioning Committee ToR**
  - Under 1.3 Links and Interdependencies, 'Integrated Audit and Governance Committee' needed to be added
  - Under 7 **QUORACY** it was recommended that 'Lay Member' be re-instated.
- **Remuneration Committee ToR**  
Under Membership, this should read "Lay Member – Patient and Public Involvement"

#### Assurance:

The Board can be assured that the terms of reference for all formal Committees had been subject to an annual review by the individual Committees to ensure that they still met the needs of the respective Committees and were then submitted to the IAGC for consideration. The IAGC would recommend that the Board approve the amended Committee terms of reference.

#### Resolved:

(a)	The IAGC reviewed the highlighted changes to the Committee terms of reference;
(b)	the Committee terms of reference were agreed, subject to the incorporation of some further comments from the IAGC, and
(c)	the amended Committee terms of reference would be submitted to the CCG

	Board for approval
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**9.14 UPDATED JOINT EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE (EPRR)/BUSINESS CONTINUITY MANAGEMENT (BCM) GROUP TERMS OF REFERENCE**

The Associate Director of Corporate Affairs presented the Updated Joint EPRR/BCM Group terms of reference (ToR) for consideration and approval. The IAGC approved the Joint EPRR/BCM ToR

**Resolved:**

(a)	The IAGC considered the updated Joint EPRR/BCM Group terms of reference, and
(b)	the IAGC approved the Joint EPRR/BCM Group terms of reference

**9.15 HEALTH, SAFETY AND SECURITY GROUP DRAFT MINUTES** – the draft minutes from the meeting held on 20 June 2018 were noted.

**9.16 QUALITY AND PERFORMANCE COMMITTEE MINUTES** – the minutes from the meetings held on 24 April 2018 and 22 May 2018 were noted.

**9.17 PRIMARY CARE COMMISSIONING COMMITTEE MINUTES** – the minutes of the meeting held on 27 April 2018 were noted.

**9.18 PLANNING AND COMMISSIONING COMMITTEE MINUTES** - the minutes of the meeting held on 6 April 2018 were noted.

**10. GENERAL**

**10.1 ANY OTHER BUSINESS**

There were no items of any other business.

**10.2 DATE AND TIME OF NEXT MEETING**

The next meeting of the IAGC would be held on **Tuesday 11 September 2018**, at 9.00am in the Boardroom at Wilberforce Court.

The following proposed IAGC meeting dates for 2019/2020 were agreed:

- Tuesday 15 January 2019
- Tuesday 19 March 2019
- Tuesday 14 May 2019
- Tuesday 9 July 2019
- Tuesday 10 September 2019
- Tuesday 12 November 2019
- Tuesday 14 January 2020
- Tuesday 3 March 2020

A schedule of IAGC meeting dates and report deadlines for 2018/19 would be e-mailed out.

A handwritten signature in black ink, appearing to read 'Stanley', is positioned above a horizontal line.

Signed: \_\_\_\_\_

Chair of the Integrated Audit and Governance Committee

Date: 11 September 2018

## **Abbreviations**

AAL	Annual Audit Letter
AIC	Aligned Incentive Contract
ASM	Audit Strategy Memorandum
BAF	Board Assurance Framework
BCF	Better Care Fund
CHC	Continuing Healthcare
CiC	Committees in Common
CoI	Conflicts of Interest
CYP	Children and Young People
DoLS	Deprivation of Liberty Safeguard
EPRR/BCM	Emergency Preparedness Resilience and Response Business Continuity Management
EROY CCG	East Riding of Yorkshire CCG
FoI	Freedom of Information
GDPR	General Data Protection Regulation
HEYHT	Hull and East Yorkshire Hospitals Trust
HoIAO	Head of Internal Audit Opinion
HS&SG	Health, Safety and Security Group
ICC	Integrated Care Centre
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