

**Item: 11.3**

**INTEGRATED AUDIT AND GOVERNANCE COMMITTEE**

**MINUTES OF THE MEETING HELD ON 11 SEPTEMBER 2018 AT 9.00AM IN THE BOARDROOM, WILBERFORCE COURT, HULL, HU1 1UY**

**PRESENT:**

K Marshall, NHS Hull CCG (Lay Member) (Chair)  
J Stamp, NHS Hull CCG (Lay Member)

**IN ATTENDANCE:**

P Heaford, NHS Hull CCG (Personal Assistant) - *Minute Taker*  
M Kirkham, Mazars LPP (Partner)  
M Longden, NHS Hull CCG (Corporate Affairs Manager) (*observing for items 9.2 and 9.3*)  
S Milner, NHS Hull CCG (Senior Finance Manager)  
M Napier, NHS Hull CCG (Associate Director of Corporate Affairs)  
E Sayner, NHS Hull CCG (Chief Finance Officer)  
S Smyth, NHS Hull CCG (Director of Quality and Clinical Governance/Lead Nurse) (*from item 9.2*)  
I Wallace, AuditOne (Managing Director)

**1. APOLOGIES FOR ABSENCE**

R Bassham, AuditOne (Internal Audit Manager)  
P Jackson, NHS Hull CCG (Lay Member) Hull (Vice Chair)  
D Storr, NHS Hull CCG (Deputy Chief Finance Officer-Finance)

**2. MINUTES OF THE PREVIOUS MEETING HELD ON 10 JULY 2018**

The minutes of the Integrated Audit and Governance Committee (IAGC) meeting held on 10 July 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 10 July 2018 were taken as a true and accurate record and would be signed by the Chair, and
-----	---

**3. MATTERS ARISING / ACTION LIST**

The Action List from the meeting held on 10 July 2018 was provided for information.

**Resolved:**

(a)	The Action List from the meeting held on 10 July 2018 was noted.
-----	--

**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. The Chair had received prior notification with regard to the following:

- Verbal update report on the historical pharmaceutical case - to be provided by Mike Napier
- Primary Care Rebate proposal for approval – to be presented by Sarah Milner

These items would be discussed under item 10.1 on the Agenda.

**Resolved:**

The following items of Any Other Business would be discussed under item 10.1:

(a)	Verbal update report on the historical pharmaceutical case - to be provided by Mike Napier
(b)	Primary Care Rebate proposal for approval – to be presented by Sarah Milner

**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 and Action taken
Jason Stamp	8.3	Declared a Financial Interest as Chief Executive of North Bank Forum voluntary sector who were currently the host organisation for the Social Prescribing Service in Hull. The declaration was noted – no further action was considered necessary.

**Resolved:**

(a)	The above declaration of interest was noted.
-----	--

**6. EXTERNAL AUDIT**

Mark Kirkham of Mazars LLP reported that planning had commenced for the 2018/19 audit and advised that an Audit Strategy Memorandum setting out the External Audit Plan for NHS Hull CCG for 2018/19 would be brought to the next meeting.

## Resolved:

(a)	The Audit Strategy Memorandum would be brought to the next IAGC meeting.
-----	--

## 7. INTERNAL AUDIT

### 7.1 INTERNAL AUDIT PROGRESS REPORT

Ian Wallace of AuditOne presented the above report to inform the Integrated Audit and Governance Committee on progress made against the 2017/18 and 2018/19 Internal Audit Plans.

The following final reports had been issued since the last meeting:

- **Committee Arrangements** – an advisory review of the CCG’s committee arrangements had been carried out as part of the 2017/18 Internal Audit Plan. This work had involved undertaking a survey of committee members to establish their views on the effectiveness of each committee (apart from the IAGC), the results from which had been summarised in the final report.
- **Patient and Stakeholder Engagement** – a risk based audit had been undertaken as part of the 2018/19 Internal Audit Plan. The scope of the review had been to establish whether controls relating to the operation and management of the CCG’s communications and patient engagement processes were operating adequately and effectively. No major issues had been identified and a **substantial** level of assurance had been provided with one low grade recommendation.

#### Internal Audit Plan 2017/18

Work against the Internal Audit Plan 2017/18 was now complete with the exception of the Estates work which, as agreed, would be rolled over into 2018/19.

#### Internal Audit Plan 2018/19

It was reported that one change had been made to the Internal Audit Plan 2018/19 since the previous meeting. The planned audit of partnership working had been split into two parts – an audit of the Hull & East Yorkshire Hospitals Trust Aligned Incentive Contract (HEYHT AIC), which would be carried out jointly with East Riding of Yorkshire (ERY) CCG, and a separate audit of Local Authority Integration.

The Chair made reference to the following recent NHS England publication:

“Primary Medical Care Commissioning and Contracting - Internal Audit Framework for delegated Clinical Commissioning Groups”. The Chief Finance Officer requested that the audit of Primary Care Commissioning now be specified to include Primary Medical Care Commissioning and Contracting as mandated by NHS England.

With regard to the audit of QIPP which was in progress, the Chief Finance Officer advised that NHS England had commissioned a piece of work around QIPP 4 which would be shared, along with learning.

With regard to the audit of the HEYHT AIC, the Chief Finance Officer requested that a deeper review be carried out to address and capture change management, looking at cultural behavioural changes as well as transactional benefits to draw understanding out at all levels.

**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 an audit of Patient and Stakeholder Engagement had provided **substantial assurance** that controls relating to the operation and management of the CCG's communications and patient engagement processes were operating adequately and effectively and there had been no major issues to report.
- (iii) The Board can be assured, as part of the 2017/18 Internal Audit Plan, that an advisory review of the CCG's committee arrangements had been carried out.

**Resolved:**

(a)	Integrated Audit and Governance Committee Members noted the progress against the 2017/18 and 2018/19 Internal Audit Plans;
(b)	Integrated Audit and Governance Committee Members noted the content of the two final reports issued since the last IAGC meeting;
(c)	Integrated Audit and Governance Committee Members requested that the audit of Primary Care Commissioning now to be specified to include Primary Medical Care Commissioning and Contracting as mandated by NHS England, and
(d)	Integrated Audit and Governance Committee Members requested that the audit of the HEYHT AIC form a deeper review to address and capture change management, looking at cultural behavioural changes as well as transactional benefits to draw understanding out at all levels.

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

Ian Wallace of AuditOne presented the Internal Audit Annual Report 2017/18 for review and ratification.

The annual report included the final Head of Internal Audit (HoIA) opinion which had provided an overall opinion of **substantial assurance**.

The report also included Internal Audit performance, conformance with Public Sector Internal Audit standards and a summary of work undertaken during the year ended 31 March 2018.

The results of an annual on-line survey of client views on Internal Audit service quality were noted; these were consistent with other organisations.

IAGC Members formally ratified the Internal Audit Annual Report 2017/18.

**Assurance:**

The Board can be assured that the Internal Audit Annual Report 2017/18 had provided the CCG with an overall level of **substantial assurance**.

**Resolved:**

(a)	Integrated Audit and Governance Committee members reviewed and ratified the Internal Audit Report 2017/18
-----	---

### 7.3 COUNTER FRAUD

There were no Counter Fraud papers to consider at this meeting.

The Chief Finance Officer advised that she had seen an increase in the number of reports on Counter Fraud issues. Communications to Chief Finance Officers had increased over the past 3-4 months and alerts were coming through which were being directed as necessary which was much more pro-active.

## 8. FINANCIAL GOVERNANCE

### 8.1 FINANCIAL REPORT

The Chief Finance Officer presented the Financial Report which provided the summary financial performance for the period 1 April 2018 to 31 July 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.

In relation to emerging financial variances and risks it was reported that a number of larger budget areas continued to underspend, which included:

- Prescribing (forecast underspend £2m)
- Mental Health (forecast underspend £0.5m)
- Continuing Healthcare (forecast underspend of £2m)

There was now an Integrated Financial Plan with the Local Authority and there was a push to invest in Out of Hospital Services.

The Aligned Incentive Contract with Hull & East Yorkshire Hospitals continued to have a significant impact and non-electives were not showing an increase.

Underspends were enabling the CCG to divert resources and IAGC members were assured that any investment decisions would go through the Prioritisation Panel.

The Chief Finance Officer advised that there was a fair distribution of resources with the financial story fitting with the Commissioning Strategy.

#### **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 99.01% on value and 97.99% 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**

Progress against the QIPP programme for 2018/19 was noted. Members were advised that the QIPP Year to Date Actual total saving would be amended accordingly following the meeting.

## **STP Income and Expenditure Summary**

In relation to STP the Chief Finance Officer advised that NHS Hull CCG would continue to be the host organisation and provided assurance that this would pose no financial risk to the organisation.

### **Debtors and Creditors**

Work was taking place to resolve the outstanding debtors and creditors.

The Chief Finance Officer would escalate the outstanding creditor relating to East Riding of Yorkshire Council for £152k with the Chief Finance Officer of ERY CCG if required.

### **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 was £6.21m and the current forecast is that expenditure will be contained within this financial envelope.

### **Resolved:**

(a)	Integrated Audit and Governance Committee Members noted the performance for the year to 31 July 2018 and the forecast of an in year balanced position;
(b)	Integrated Audit and Governance Committee Members noted the planned achievement of financial targets, and
(c)	Integrated Audit and Governance Committee Members noted the figure for the QIPP Year to Date Actual total saving would be amended accordingly following the meeting.

## **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**

Jason Stamp declared an interest in this agenda item in his capacity as Chief Executive of the North Bank Forum who were currently the host organisation for the Social Prescribing Service in Hull. The declaration was noted and he remained present as the item was for information purposes only.

The Chief Finance Officer provided an overview of a presentation on Integrated Commissioning which had been given to a Committee in Common/Integrated Commissioning Officers Board Development Session on 20 June 2018 (embedded below).

The presentation demonstrated the information flow, provided members with assurance and understanding of the decision making process and a breakdown of where resources were coming from.



ICOB CIC

Development event.p

## 9. GOVERNANCE

### 9.1 WAIVING OF PRIME FINANCIAL POLICIES

There were no tender waivers to report to this meeting.

### 9.2 BOARD ASSURANCE FRAMEWORK

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

The BAF presented the updated position against the assessed risks to the strategic objectives and, for ease of reference, the updates had been highlighted in the report.

The BAF 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

In relation to Risk 3.3 – Failure to make sufficient progress on clinical outcomes – it was noted that this remained a risk and remained high on the agenda for SLT, Committees and the Board.

In relation to Strategic Objective 7 – Clinical Leadership – the Associate Director of Corporate Affairs advised that a planned process for CCG Board Elections had been proposed; 10 positions were up for renewal at the same time and it was reported that there was a lot of work taking place in relation to developing succession planning/opportunities for new prospective candidates to attend/shadow some of the work of the CCG.

A timetable and communications plan would be launched at the Council of Members meeting on Thursday 13 September 2018 and a formal process would begin in the New Year.

The Associate Director of Corporate Affairs commented that progress made in clinician understanding and influence in the decision making of the organisation from a commissioning perspective could not be underestimated.

In relation to Strategic Objective 12 – Patient and Public Involvement - the Associate Director of Corporate Affairs would pick up the comments relating to

Eating Disorders with the Associate Director of Communications and Engagement following the meeting. The Chair requested that, for the next meeting, progress against actions needed to reflect changes particularly in relation to high risks, rather than stating that these were “on track”.

**Assurance:**

The Board can be assured that IAGC Members had considered and discussed the updates provided against the assessed risks on the Board Assurance Framework which related to the CCG’s 2018/19 strategic objectives.

**Resolved:**

(a)	Integrated Audit and Governance Committee Members noted the updates provided against the assessed risks on the Board Assurance Framework;
(b)	Integrated Audit and Governance Committee Members noted that the Associate Director of Corporate Affairs would pick up the comments relating to Eating Disorders under Patient and Public Involvement with the Associate Director of Communications and Engagement, and
(c)	Integrated Audit and Governance Committee Members requested that, for the next meeting, progress against actions needed to reflect changes particularly in relation to high risks, rather than stating that these were “on track”

**9.3 CORPORATE RISK REGISTER**

The Associate Director of Corporate Affairs presented the updated 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.

The following update was provided:

Risk 929 – there was a risk that the availability of CQC registered Nursing Care Homes in Hull and East Riding would be insufficient to meet the demand – this risk had been reduced from an extreme risk 16 to a high risk 12.

Jason Stamp sought assurance that the plan to mitigate risk had been mobilised  
*Post meeting note – the risk had now been updated and further information would appear in the next iteration of the Risk Register.*

The remaining risks had maintained their previous risk rating.

**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)	Integrated Audit and Governance Committee Members noted the continued work to monitor and update the risks on the Risk Register, and
(b)	Integrated Audit and Governance Committee Members, in relation to Risk 929, approved the reduction of the risk rating from 16 to 12, subject to



	assurance that the plan to mitigate risk had been mobilised – to be reflected in the next iteration of the Risk Register.
--	---

#### 9.4 FREEDOM OF INFORMATION REQUESTS Q1 REPORT

The Associate Director of Corporate Affairs presented the FOI Q1 Report for consideration. The report provided an update on the current position of FOI requests made to NHS Hull CCG from April 2018 to June 2018, along with a comparison against Q1 in 2017/18.

The report provided details of FOI requests received during Q1, along with a summary of requestors, and it was reported that there had been no missed requests during this period. It was also noted that the CCG had achieved 100% compliance with the 20 day response deadline.

Requests received had been from a broad range of category with a varied subject area – from which there were no common themes and trends.

##### **Assurance:**

The Board can be assured that the CCG has a process in place to respond to all FOI requests received. There had been no missed requests during the period April 2018 to June 2018 and the CCG had achieved 100% compliance with the 20 day response deadline.

##### **Resolved:**

(a)	Integrated Audit and Governance Committee Members noted, and were assured by, the contents of the Freedom of Information Requests Q1 Report
-----	---

#### 9.5 EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE/BUSINESS CONTINUITY MANAGEMENT (EPRR/BCM) ANNUAL REPORT

Members were presented with the above report for approval.

The EPRR/BCM Annual Report set out the work the CCG had undertaken in relation to its duties to maintain its core business at all times and to act as a system leader during a national or local incident affecting how organisations provided their services.

The Associate Director of Corporate Affairs stated that EPRR/BCM included a number of elements and advised that he had recently attended a joint Director on Call Workshop between Hull CCG, East Riding of Yorkshire CCG and North Lincolnshire CCG.

Members were advised that every year the CCG was required to self-assess against nationally published standards setting out the systems, processes and standards that organisations were expected to deliver. There were 43 key elements to review evidence against and members were advised that the CCG's self-assessment had demonstrated substantial compliance with the national standards for 2017/18.

##### **Assurance:**

The Board can be assured that, from the Emergency Preparedness, Resilience and Response/Business Continuity Management (EPRR/BCM) work which had taken place throughout the year, the CCG has maintained its ability to maintain its core

business at all times and to act as a system leader during a national or local incident affecting how organisations provide their services.

**Resolved:**

(a)	Integrated Audit and Governance Committee Members noted and approved the Emergency Preparedness, Resilience and Response/Business Continuity Management Annual Report.
-----	--

**9.6 INDIVIDUAL FUNDING REQUEST (IFR) PANEL TERMS OF REFERENCE (ToR) AND INDIVIDUAL FUNDING REQUEST (IFR) APPEALS PANEL TERMS OF REFERENCE (ToR)**

Members were presented with the updated IFR Panel ToR and IFR Appeals Panel ToR for approval. The Chair advised that these had been subject to a lot of discussion and debate.

Jason Stamp pointed out that there was a discrepancy between the IFR Panel quoracy and membership of the Urgent Decision Making Panel.

Members approved the updated Terms of Reference for the IFR Panel and IFR Appeals Panel in principle, subject to a change being made to the membership of the Urgent Decision Making Panel to reflect the quoracy of the IFR Panel.

**Assurance:**

The Board can be assured that the CCG has updated its Terms of Reference for the IFR Panel and the IFR Appeals Panel which are in line with updated IFR Policy

**Resolved:**

(a)	Integrated Audit and Governance Committee Members approved the updated Terms of Reference for the IFR Panel and the IFR Appeals Panel, in principle, subject to the following change being made,
(b)	Integrated Audit and Governance Committee Members requested that membership of the Urgent Decision Making Panel to be amended to reflect the quoracy of the IFR Panel

**9.7 DISCOUNT PROPOSAL FROM NHS SUPPLY CHAIN**

The Chief Finance Officer presented an NHS Supply Chain discount proposal from Ontex (suppliers of continence products) for consideration and approval.

Members were advised that Hull CCG did not have any influence over the products being supplied and did not recommend or advocate the use of any one product to their commissioned services.

IAGC members approved the NHS Supply Chain discount proposal from Ontex.

**Resolved:**

(a)	Integrated Audit and Governance Committee Members approved the NHS Supply Chain discount proposal from Ontex.
-----	---

**9.8 POLICIES**

There were no policies to consider at this meeting.

- 9.9 HEALTH, SAFETY AND SECURITY GROUP (H,S&SG) DRAFT MINUTES** – there were no H,S&SG minutes to present to this meeting, the next meeting of the group would be held on 26 September 2018.
- 9.10 QUALITY AND PERFORMANCE COMMITTEE MINUTES** – the minutes from the meeting held on 26 June were noted.
- 9.17 PRIMARY CARE COMMISSIONING COMMITTEE MINUTES** – the minutes of the meeting held on 29 June 2018 were noted.
- 9.18 PLANNING AND COMMISSIONING COMMITTEE MINUTES** - the minutes of the meetings held on 4 May 2018 and 6 July were noted.
- 9.19** It was requested that, for completeness, the IAGC receive the minutes of the Committee in Common for information.

**Resolved:**

(a)	Integrated Audit and Governance Committee Members would receive the approved minutes of the Committees in Common.
-----	---

**10. GENERAL**

**10.1 ANY OTHER BUSINESS**

**10.1i HISTORICAL PHARMACEUTICAL CASE/UPDATE REPORT**

The Associate Director of Corporate Affairs provided a brief verbal update on the historical pharmaceutical case. Members were advised that a meeting had taken place with the police on 3 July 2018, following which the case had been passed by them through to the CPS for their opinion and a response was awaited. No further work on this case was required by the CCG.

**Assurance:**

The Board can be assured that, in relation to the historical pharmaceutical case, this had now been passed through to the CPS for their opinion and a response was awaited. No further work on this case was required by the CCG.

**10.1ii PRIMARY CARE PRESCRIBING REBATE OFFER – FLUTICASONE/SALMETEROL (SERETIDE)**

The Senior Finance Manager presented a Primary Care Prescribing Rebate offer for approval by the IAGC. The rebate scheme, which was for Fluticasone/Salmeterol (Seretide) had been considered by the Planning and Commissioning Committee on 7 September 2018 and had been recommended for approval by the IAGC.

IAGC Members approved the scheme which had an approximate rebate value per 12 months of £50k which would be offset against the prescribing budget. The decision form for the Primary Care Prescribing Rebate Scheme for Fluticasone/Salmeterol (Seretide) was formally signed off by the Chair and Chief Finance Officer.

**Assurance:**

The Board can be assured that the CCG has an agreed process in place to consider and approve any Primary Care Rebate Schemes for the CCG.

Following full consideration and subsequent recommendation by the Planning and Commissioning Committee, the Integrated Audit and Governance Committee formally approved the Primary Care Prescribing Rebate Scheme for Fluticasone/Salmeterol (Seretide).

**Resolved:**

(a)	Integrated Audit and Governance Committee Members formally approved the Primary Care Prescribing Rebate Scheme for Fluticasone/Salmeterol (Seretide).
-----	---

**10.2 IAGC MEETING SCHEDULE 2019/2020**

The scheduled 2019/2020 meeting dates for the IAGC were agreed and noted.

Jason Stamp requested that the dates for the extra-ordinary IAGC meetings to review the draft and audited annual accounts be arranged as soon as possible so that these could be diarised.

**Resolved:**

(a)	Dates for the extra-ordinary IAGC meetings to review the draft and audited annual accounts would be arranged as soon as possible.
-----	---

**10.3 DATE AND TIME OF NEXT MEETING**

The next meeting of the IAGC would be held on **Tuesday 13 November 2018**, at 9.00am in the Boardroom at Wilberforce Court, at which time there will be an opportunity for a pre meet with the auditors from 8.30.00-9.00am



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

Chair of the Integrated Audit and Governance Committee

Date: 13 November 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
Col	Conflicts of Interest
CYP	Children and Young People
DoLS	Deprivation of Liberty Safeguard
EPRR/BCM	Emergency Preparedness Resilience and Response Business Continuity Management
ER0Y CCG	East Riding of Yorkshire CCG
FoI	Freedom of Information
GDPR	General Data Protection Regulation
HEYHT	Hull and East Yorkshire Hospitals Trust
HolAO	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