

INTEGRATED AUDIT AND GOVERNANCE COMMITTEE

MINUTES OF THE MEETING HELD ON 13 NOVEMBER 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 Bevan, Senior Counter Fraud Specialist, AuditOne
M Culling, Senior Information Governance Specialist, eMBED (*for item 9.1*)
N Hallas, Manager – Public Services, Mazars LLP
P Heaford, NHS Hull CCG (Personal Assistant) - *Minute Taker*
S Kendall, Audit Manager, AuditOne
M Longden, NHS Hull CCG (Corporate Affairs Manager) (*for items 9.1-9.7*)
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) (*for items 9.1-10.2*)
D Storr, NHS Hull CCG (Deputy Chief Finance Officer-Finance)
J Strangeway, Data Protection Officer, Hull City Council (*for item 9.1*)

1. APOLOGIES FOR ABSENCE

P Jackson, NHS Hull CCG (Lay Member) Hull (Vice Chair)
M Kirkham, Partner, Mazars LPP

2. MINUTES OF THE PREVIOUS MEETING HELD ON 11 SEPTEMBER 2018

The minutes of the Integrated Audit and Governance Committee (IAGC) meeting held on 11 September 2018 were submitted for approval. It was agreed that these were a true and accurate record of the meeting.

Resolved:

(a)	Members of the Integrated Audit and Governance Committee approved the minutes of the meeting held on 11 September 2018 as a true and accurate record and these would be signed by the Chair.
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3. MATTERS ARISING / ACTION LIST

The Action List from the meeting held on 11 September 2018 was provided for information and the following updates were provided:

Actions from Minute 7.1 of the IAGC meeting held on 11 September 2018

- The Audit Manager, AuditOne, confirmed that the audit of Primary Care Commissioning would be specified to include Primary Medical Care Commissioning and Contracted as mandated by NHS England – this action was now complete.

- The Audit Manager, AuditOne, confirmed that an agreed survey would be targeted at consultants and GPs to capture changes to clinical culture. The outcome from which would be reviewed and fed back – this action was now complete

Action from Minute 9.6 of the IAGC meeting held on 11 September 2018

- The Associate Director of Corporate Affairs confirmed that the membership of the Urgent Decision Making Panel had now been amended to reflect the quoracy of the IFR Panel – this action was now complete.

Resolved:

(a)	The Action List from the meeting held on 11 September 2018 and the updates provided were 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 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 and Action taken

Resolved:

(a)	There were no declarations of interest to note in relation to agenda items discussed at this meeting
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6. EXTERNAL AUDIT

6.1 AUDIT STRATEGY MEMORANDUM

Nicola Hallas of Mazars LLP presented the Audit Strategy Memorandum which set out the External Audit Plan for NHS Hull CCG for the 2018/19 financial year for consideration.

IAGC members were advised that, in relation to the significant risks and key judgement areas, these were still appropriate and remained unchanged from the previous year. At the current time, it was reported that no significant risks had been identified, but if this assessment were to change, any issues would be brought to the committee's attention.

The agreed phased approach would progress as planned and dates for the IAGC review meetings had been set for the year-end accounts.

Assurance:

The Board can be assured that Mazars, the External Auditors for Hull CCG, have issued an Audit Strategy Memorandum (ASM) which outlined the agreed External Audit Plan for Hull CCG for the 2018/19 financial year.

Resolved:

(a)	Integrated Audit and Governance Committee members considered and noted the External Audit Plan for Hull CCG for the 2018/19 financial year.
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7. INTERNAL AUDIT

7.1 INTERNAL AUDIT PROGRESS REPORT

Sue Kendall, Audit Manager – AuditOne, presented the Internal Audit Progress Report to inform the Integrated Audit and Governance Committee on progress made with regard to the 2017/18 and 2018/19 Internal Audit Plans.

The following final reports had been issued since the last meeting of the Integrated Audit and Governance Committee:

- **Estates Costs** - an advisory review of Estates Costs had been conducted as part of the 2017/18 Internal Audit Plan. This review had been requested by the CCG as a means of accessing the staff and processes within the third-party providers involved in order to obtain assurance on provider systems that directly related to the charges levied to Hull CCG and ascertain the basis for these charges from NHS Property Services.

The Chief Finance Officer advised that, due to a lack of transparency in this area, corporate memory had proved crucial and issues had been mitigated to some degree as a result of this continuity.

- **QIPP** - a risk based audit of QIPP management systems and processes had been undertaken as part of the 2018/19 Internal Audit Plan. The scope of the audit had been to evaluate the design and test the application of controls in relation to the establishment and operation of the 2018/19 QIPP Programme.

No major issues had been identified and a **substantial** level of assurance had been provided with one low grade recommendation.

- **Provider Contract Management** – a risk-based audit of Provider Contract Management systems and processes had been undertaken as part of the 2018/19 Internal Audit Plan. The objective of the audit had been to evaluate the design and to test the effectiveness of controls in place and compliance with the control framework was found to be taking place.
No major issues had been identified and a **substantial** level of assurance had been provided with no recommendations.

Internal Audit Plan 2017/18

Work against the Internal Audit Plan 2017/18 was now complete.

Internal Audit Plan 2018/19

It was noted that four audits were in progress and five audits were yet to be started and assurance was provided that these would all be delivered by the end of the year.

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 QIPP management systems and processes had provided **substantial assurance** that controls in relation to the establishment and operation of the 2018/19 QIPP Programme were operating adequately and effectively. No major issues had been identified and one low grade recommendation had been made
- (iii) The Board can be assured that an audit of Provider Contract Management systems and processes had provided **substantial assurance** with regard to the effectiveness of controls in place and compliance with the control framework. No major issues had been identified and no recommendations had been made.

Resolved:

(a)	Integrated Audit and Governance Committee Members noted the progress against the 2017/18 and 2018/19 Internal Audit Plans; and
(b)	Integrated Audit and Governance Committee Members noted the content of the three final reports issued since the last IAGC meeting;

7.2 COUNTER FRAUD PROGRESS REPORT

Paul Bevan, the Senior Counter Fraud Specialist – AuditOne, presented the Counter Fraud Progress Report for April to October 2018 for consideration.

The Counter Fraud Progress Report outlined the counter fraud work that had been conducted to date in respect of the 2018/19 Counter Fraud Plan, which had included:

- the circulation to all CCG staff of two editions of AudtOne's counter fraud newsletter;
- the posting of two short video clips on common types of fraud on the CCG's website, with a link circulated to all CCG staff;
- the Senior Local Counter Fraud Specialist (LCFS) had met with the LCFS of NHS England to explore opportunities for joint/closer working;
- the CCG's anti-bribery statement had been updated and posted on the CCG's website;
- data analytical software had been updated;
- five fraud intelligence alerts had been issued, and
- the CCG had complied with the National Fraud Initiative (NFI) 2018/19

Members were advised that there were currently no on-going investigations.

Face to face fraud awareness sessions would be arranged for the Council of Members and Governing Body.

Assurance:

The Board can be assured by the counter fraud work that had been undertaken on behalf of Hull CCG in respect of the 2018/19 Counter Fraud Plan.

Resolved:

(a)	Integrated Audit and Governance Committee members considered and noted the contents of the Counter Fraud Progress Report for April to October 2018.
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8. FINANCIAL GOVERNANCE

8.1 FINANCIAL REPORT

The Deputy Chief Finance Officer presented the Financial Report which provided the summary financial performance for the period 1 April 2018 to 30 September 2018 and the CCG's draft year end position for 31 March 2019.

Members were advised that 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.

Emerging financial variances and risks included:

Community Services (forecast overspend of £0.7m)

The charges were in relation to:

- Community Equipment - analysis of the data indicated that this could be due to the amount of maintenance management being carried out, and
- NHS111 where activity had been greater than planned.

In relation to Community Equipment Jason Stamp queried, if in the Integrated Financial Plan, there were separate costs for the CCG and Local Authority. Members were advised that all the equipment budget had gone into the Better Care

Fund and was managed under the same contract. It was agreed that there needed to be a seamless assessment process and members were assured that a close eye would be kept on this area.

Continuing Healthcare (forecast underspend of £1.5m)

This figure fell into the CCG accounts and contributed to Hull CCG's bottom line.

Mental Health (forecast underspend of £0.7m)

It was reported that costs for out of area placements were reducing. IAGC members were aware that this was a volatile area of spend and would be closely monitored, whilst continuing to do the best for this cohort of the population.

Prescribing (forecast underspend of £3m)

This underspend was a result of QIPP schemes delivering more than originally anticipated as well as growth/cost increases not being as significant as expected.

The patient prescribing reviews carried out at the Integrated Care Centre (ICC) had also made an impact.

Members were assured that clinical outcomes for patients would not be affected by the reduction in prescribing spend.

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

It was reported that Hull CCG's performance against the BPPC 30 day target to 30 September 2018 was 97.48% on value and 97.71% on number for non NHS invoices and 99.87% and 99.41% on the value and number of 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 saving made last year in relation to Spire was continuing to come down.

STP Income and Expenditure Summary

The Chair raised some queries in relation to the STP income and expenditure information and would meet separately with the Deputy Chief Finance Officer outside of this meeting to go through these in more detail.

Members were advised that the CCG had not issued any recharge invoices to other organisations as yet.

Debtors and Creditors

The Chief Finance Officer advised that, with regard to the debtors relating to STP recharges, these had been raised through the Senior Leadership Team and would be mitigated through basic financial management.

Summary Finance Report (Appendix 1)

The Chair queried what the £16k cost under the heading "Collaborative Commissioning" related to. The Chief Finance Officer would qualify this with the Chair outside of the meeting.

Assurance:

The Board can be assured that the CCG was currently forecasting to achieve a balanced position against the in year allocation and 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.

Resolved:

(a)	Integrated Audit and Governance Committee Members noted the performance for the year to 30 September 2018 and the forecast of an in year balanced position;
(b)	Integrated Audit and Governance Committee Members noted the achievement of financial targets;
(c)	The Deputy Chief Finance Officer would meet with the Chair to go through the STP income and expenditure in more detail, and
(d)	The Deputy Chief Finance Officer would qualify the £16k cost under "Collaborative Commissioning"

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 PRIMARY CARE PRESCRIBING REBATE OFFERS FOR HULL CCG

The following primary care rebate schemes had been considered by the Planning and Commissioning Committee on 2 December 2018 and were recommended for approval by the IAGC:

- Januvia (Sitagliptin)
- Biquelle XL quetiapine MR tablets

It was noted that there was a lack of consistency in the paperwork and decision forms in relation to the above two schemes and this would need to be re-issued.

Integrated Audit and Governance Committee members provided their overarching approval for the schemes, subject to the provision of appropriate paperwork for formal sign off.

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 approved the Primary Care Prescribing Rebate Schemes for Januvia (Sitagliptin) and Biquelle XL quetiapine MR tablets

Resolved:

(a)	Integrated Audit and Governance Committee members provided their overarching approval for the Primary Care Prescribing Rebate Schemes for Januvia (Sitagliptin) and Biquelle XL quetiapine MR tablets, subject to the provision of the correct paperwork for formal sign off.
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9. GOVERNANCE

9.1 INTRODUCTIONS/DATA PROTECTION

Jim Strangeway, Data Protection Officer (Hull City Council) and Mark Culling – Senior Information Governance Specialist (eMBED) were welcomed to the meeting and introductions were made.

Jim Strangeway advised that he would be carrying out an oversight and compliance role, working alongside Mark Culling, and would address any concerns around data protection/personal information. He advised IAGC members that the CCG had a strong data protection framework and assurance could be taken from the arrangements currently in place.

In relation to data protection, the Associate Director of Corporate Affairs advised that there were three mechanisms in place:

- The CCG's own internal mechanism – named Caldicott Guardian and SIRO
- Expert support provided by eMBED
- An SLA with the Local Authority providing enhanced working and mutual benefit

The Chair expressed concern in relation to the building work and property development currently being undertaken in Wilberforce Court by contractors, and whether there were security arrangements in place to address health and safety and information governance.

Members were assured that no concerns had been highlighted as a result of a security assessment of the building undertaken by a Security Management Specialist from AuditOne. Further due consideration would be given to this matter and appropriate contingencies would be put in place as and when the development went live.

9.2 INFORMATION GOVERNANCE STEERING GROUP TERMS OF REFERENCE

The Associate Director of Corporate Affairs presented the Information Governance Steering Group terms of reference for approval.

Members were advised that this group had been established to oversee and drive the Information Governance agenda and the implementation of the CCG Information Governance Framework, which would in turn provide a level of assurance for the IAGC.

The Information Governance Steering Group would meet quarterly and the action notes would be submitted to the IAGC for review.

IAGC members welcomed the establishment of the sub-committee and approved the terms of reference for the group, subject to the following minor amendments:

- that direct reference be made to GDPR, and

- that the remit of the group be prioritised

Assurance:

The Board can be assured that the CCG had established an Information Steering Group to oversee and drive the Information Governance agenda and the implementation of the CCG Information Governance Framework which would report into the Integrated Audit and Governance Committee.

Resolved:

(a)	Integrated Audit and Governance Committee members approved the Information Governance Steering Group terms of reference, subject to more clarity around the articulation of GDPR and prioritisation of the remit of the group.
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9.3 WAIVING OF PRIME FINANCIAL POLICIES

There were no tender waivers to report to this meeting.

9.4 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:

Risk Category	Number of risks
Extreme	7
High	33
Moderate	3

Following discussions at the previous IAGC meeting, more explicit updates had been provided.

Some discussion took place with regard to the size of the BAF which the Chair felt was too big. It was stated that there needed to be a balance between the BAF being inclusive and proportionate. No proposed changes would be made to this year's BAF but moving forward it was agreed that the BAF would need to be smarter.

Sue Kendall advised that AuditOne would be carrying out a BAF audit across several organisations from which feedback would be provided.

The Associate Director of Corporate Affairs reported that, in relation to Risk 3.4 – Failure to secure sufficient diagnostic capacity, this still remained a challenge both in A&E and RTT.

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.
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9.5 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 899 – which related to the possibility of unsafe care of out of area learning disability clients if clinical case management hadn't been undertaken. This risk had been reduced from a High Risk 12 to a Moderate Risk 4. With regard to the sustainability, the Chair sought clarity on how long these improvements had been happening. The Director of Quality and Clinical Governance (Lead Nurse) advised that this related to two separate risks: this risk was around Winterbourne and the other risk was around Transforming Care. IAGC members were assured that in relation to the Winterbourne risk, effective case management was in place and Jason Stamp confirmed that assurance could also be provided from the Quality and Performance Committee review of the Winterbourne risk.

The Chair stated that there needed to be a process for information and approval to reduce risks in order for the complete risk to be understood. It was requested, as a matter of housekeeping, that the mitigation of the risk be articulated in order to understand the reduction of the risk rating.

Risk 928 – which related to the functionality allowing the safeguarding team to override sharing consent preference being removed from SystmOne. The Director of Quality and Clinical Governance (Lead Nurse) advised that this continued to be a risk and was being closely monitored.

The following two new risks had been added to the risk register:

Risk 931 – which related to the CCG not having an effective plan in place to support the community in the event of a cyber incident (Risk 925 had now been consolidated into this new risk)

Risk 932 – which related to the Paediatric Speech and language Service (SLT) waiting list

Jason Stamp reported that SLT/Autism/CAMHS was a huge issue and requested that a discussion around CAMHS took place. The Associate Director of Corporate Affairs would pick this up and refresh the risk if already there.

The remaining risks had maintained their previous risk rating.

Assurance:

The Board can be assured that systems and processes were 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 requested, in relation to Risk 899, that the mitigation of the risk be articulated in order to understand the reduction of the rating.
(c)	It was requested that a discussion around CAMHS takes place. The Associate Director of Corporate Affairs would pick this up and refresh the risk if already there.

9.6 REVISED CCG CONSTITUTION

The Associate Director of Corporate Affairs presented the new Hull CCG Constitution and advised that this had been subject to comprehensive re-drafting in the light of the new template issued by NHS England. A number the changes had been made with the intention of making it easier for CCGs to manage their Constitution as well as being simpler and faster to update.

Members were advised that the new Hull CCG Constitution had been presented at the Council of Members (CoM) meeting held on 8 November 2018 for their consideration, comment and subsequent approval for onward submission to NHS England for their approval.

The following specifics had been put to the CoM for them to vote on:

- Council of Members Membership
Members were asked whether they wished to widen the eligibility for Council of Members membership or keep it as GPs only. **CoM voted membership to remain as GPs only**
- Election of GP Board Members
Currently every practice could vote for one candidate on the ballot paper at each election, irrespective of the number of vacancies available. CoM were asked to vote for the following options:
 - Have a standard three choices per practice, irrespective of the number of vacancies available; or
 - Have the same number of choices available per practice as the number of vacancies available**CoM voted to have the same number of votes as vacancies available.**
- Materiality
Previous requirements meant that every minor change to the CCG's Constitution, no matter how trivial, needed CoM's approval prior to submission to NHS England.

CoM approved to delegate minor/trivial changes to the CCG Constitution to the CCG Board for approval whilst any “material” changes would require approval by the CoM

- Conflicts of Interest – GP Practice Groupings

There was an option to include a further measure whereby no individual practice grouping would hold an overall majority of eligible members on the CCG Board.

CoM voted to approve the inclusion of this measure

The Council of Members had voted to approve the revised Hull CCG Constitution in general, subject to the above amendments.

Members were advised that external independent legal advice had been sought on the new CCG Constitution’s appropriateness prior to submission of the final version to NHS England for their consideration and review,

In relation to the Quorum of the Governing Body – the Associate Director of Corporate Affairs was asked to review point 3.7.1 (page 61) to ensure it was consistent with what the CCG had currently.

The new CCG Constitution would be taken to the CCG Board on 23 November 2018 for their information.

Assurance:

The Board can be assured that Integrated Audit and Governance Committee members had been briefed on the proposed changes incorporated in the new Hull CCG Constitution, and the process for authorisation and adoption

Resolved:

(a)	Integrated Audit and Governance Committee Members noted the new draft Hull CCG constitution and the next steps for authorisation and adoption, and
(b)	In relation to the Quorum of the Governing Body – the Associate Director of Corporate Affairs was asked to review point 3.7.1 (page 61) to ensure it was consistent with what the CCG had currently.

9.7 GIFTS AND HOSPITALITY REPORT

The Associate Director of Corporate Affairs presented this reported which provided details of declarations of gifts and hospitality made since the last report to the IAGC on 14 May 2018.

Assurance:

The Board can be assured that the CCG maintains a register of all declarations of gifts and hospitality which is regularly reviewed by the IAGC

Resolved:

(a)	Integrated Audit and Governance Committee Members noted the declarations of gifts and hospitality made since the last report to the IAGC on 14 May 2017
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9.8 PROCUREMENT PANEL ASSURANCE UPDATE

Members received a report which provided an update in respect of procurement activity during the period April to September 2018.

Resolved:

(a)	Integrated Audit and Governance Committee Members noted the content of the Procurement Panel Assurance update report in respect of procurement activity during the period April to September 2018.
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9.9 NHS CONTINUING HEALTHCARE (NHS-CHC) REPORT

The Director of Quality and Clinical Governance/Executive Nurse presented this report which provided IAGC members with an update on the NHS Continuing Healthcare (NHS-CHC) function during quarter two of the financial year 2018/19. It was reported that performance remained on track.

In relation to the 28 day assessment target, members were advised that NHS England had provided clarification on 10 September 2018 that the “clock” should start from the moment the CCG was informed that an individual may be eligible and it remained to be seen how this would impact on the achievement of the 28 day assessment target.

This area was reported into the Quality and Performance Committee on a regular basis.

Resolved:

(a)	Integrated Audit and Governance Committee Members noted the content of the NHS Continuing Healthcare (NHS-CHC) report for quarter two of the financial year 2018/19.
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9.10 POLICIES

The following three updated policies were presented for consideration and approval. Members were advised that the changes made were mainly housekeeping updates and reflected changes in legislation and terminology.

9.10.1 UPDATED ON-CALL POLICY

Members were advised that this policy had required an update to incorporate the merged On Call Rota for Hull CCG, East Riding CCG and North Lincolnshire CCG. IAGC Members approved the updated policy

9.10.2 UPDATED ACCEPTABLE COMPUTER USE POLICY

IAGC Members approved the updated policy

9.10.3 UPDATED FREEDOM OF INFORMATION AND ENVIRONMENTAL INFORMATION REGULATIONS POLICY

IAGC Members approved the updated policy

Jason Stamp pointed out that all EqlA's should be signed off 'in-house' by the Associate Director of Corporate Affairs, not the reviewer. These would be amended accordingly.

Resolved:

(a)	Integrated Audit and Governance Committee Members approved the: <ul style="list-style-type: none"> • Updated On-Call Policy; • Updated Acceptable Computer Use Policy, and • Updated Freedom of Information and Environmental Information Regulations Policy
(b)	The above three policies would be uploaded onto the CCG website and all staff would be made aware.
(c)	All EqlAs would be signed off by the Associate Director of Corporate Affairs

9.11 HEALTH, SAFETY AND SECURITY GROUP (H,S&SG) DRAFT MINUTES – the minutes of the H,S&SG held on 8 October 2018 were noted. The Chair requested that the IAGC be kept updated in relation to the building work taking place in Wilberforce Court. The Associate Director of Corporate Affairs advised that he was working closely with the lead contractor; there had been no concerns to date but a close eye would be kept on this.

9.12 QUALITY AND PERFORMANCE COMMITTEE MINUTES – the minutes from the meetings held on 24 July 2018 and 25 September 2018 were noted.

9.13 PRIMARY CARE COMMISSIONING COMMITTEE MINUTES – the minutes of the meeting held on 24 August 2018 were noted.

9.14 PLANNING AND COMMISSIONING COMMITTEE MINUTES - the minutes of the meetings held on 3 August 2018 and 7 September 2018 were noted.

10. GENERAL

10.1 ANY OTHER BUSINESS

There were no items of Any Other Business to discuss at this meeting.

10.3 DATE AND TIME OF NEXT MEETING

The next meeting of the IAGC would be held on **Tuesday 15 January 2019** at 9.00am in the Boardroom at Wilberforce Court.

EO IAGC Meeting dates for the review of the annual accounts were as follows:

Review of draft annual accounts – 18 April 2019 2.00-4.00

Review of audited annual accounts – 23 May 2019 1.00-12.00 noon

Signed:  _____

Chair of the Integrated Audit and Governance Committee

Date: 15 January 2019

Abbreviations

AAL	Annual Audit Letter
AIC	Aligned Incentive Contract
ASM	Audit Strategy Memorandum
BAF	Board Assurance Framework
BCF	Better Care Fund
CHC	Continuing Healthcare
CHCP	City Healthcare Partnership
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
ER0Y 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