

Item: 12.3

INTEGRATED AUDIT AND GOVERNANCE COMMITTEE

MINUTES OF THE MEETING HELD ON 12 NOVEMBER 2019 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:

C Denman, NHS Hull CCG (Head of NHS Funded Care) – *For item 9.6*
N Hallas, Mazars LPP (Manager)
P Heaford, NHS Hull CCG (Personal Assistant) - *Minute Taker*
S Kendall, AuditOne (Audit Manager)
M Longden, NHS Hull CCG (Corporate Affairs Manager) – *From item 9*
D Lowe, NHS Hull CCG (Deputy Director of Quality and Clinical Governance / Lead Nurse)
– *From item 9*
M Napier, NHS Hull CCG (Associate Director of Corporate Affairs) – *From item 7*
E Sayner, NHS Hull CCG (Chief Finance Officer) - *Dialled into the meeting*

1. APOLOGIES FOR ABSENCE

Apologies for absence had been received from:
M Kirkham, Mazars LPP (Partner)
I Goode, NHS Hull CCG (Lay Member)
D Storr, NHS Hull CCG (Deputy Chief Finance Officer)

2. MINUTES OF THE PREVIOUS MEETING HELD ON 10 SEPTEMBER 2019

The minutes of the Integrated Audit and Governance Committee (IAGC) meeting held on 10 September 2019 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 10 September 2019 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 10 September 2019 was presented for information and it was noted that all outstanding actions were complete. Kevin McCorry would be reminded that the Chair had requested that a report on all Primary Care Rebate schemes for Hull, past and present, including savings achieved to date, be presented to the IAGC meeting on 14 January 2020.

Resolved:

(a)	The Action List from the meeting held on 10 September 2019 was noted.
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4. NOTIFICATION OF ANY OTHER BUSINESS

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

Resolved:

(a)	There were no items of Any Other Business to be taken 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
J Stamp	9.5	Declared a Financial Interest in relation to his role as Chief Officer, North Bank Forum for Voluntary Organisations – sub-contract for the Connect Well Hull Social Prescribing Service The declaration was noted and it was agreed that he should remain in the room.

Resolved:

(a)	The above declaration of interest was noted and no further action was considered necessary.
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6. EXTERNAL AUDIT

6.1 EXTERNAL AUDIT PROGRESS REPORT

Nicola Hallas of Mazars LLP presented this report to provide the Committee with an update on the progress of the external audit for 2019/20

It was reported that, in terms of the 2019/20 audit year, there were no significant matters to report at this stage.

The Audit Strategy Memorandum for 2019/20 followed this report as a separate agenda item.

Members were advised that assurance work in respect of the Mental Health Investment Standard had been carried out and a draft report had been shared with

officers. A copy of the assurance report would be circulated to the Committee as soon as it was finalised and members were advised that the standard had been met and there had been no specific reporting issues for Hull CCG.

Details of national publications had been provided for information.

IAGC members were pleased to note, following an annual assessment by NHS England, that NHS Hull CCG had maintained its “Outstanding” status for the third year running for performance against the Improvement and Assessment Framework (IAF) indicators, which included an assessment of CCG leadership and financial management. The Annual Assessment ratings for local peers had been provided for information and caution was expressed that, with regard to a system-wide rating, it would be important not to let standards slip; however the Chief Finance Officer provided assurance that CCGs would maintain financial control and monitor against their individual allocations.

Assurance:

The Board can be assured that assurance work in respect of the Mental Health Investment Standard had been carried out and a draft report had been shared with officers. The standard had been met and there had been no specific reporting issues for Hull CCG.

Resolved:

(a)	Integrated Audit and Governance Committee members noted the contents of the External Audit Progress Report.
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6.2 AUDIT STRATEGY MEMORANDUM

Nicola Hallas of Mazars LLP presented the Audit Strategy Memorandum (ASM) for the year ending 31 March 2020 for consideration.

The ASM set out the External Audit Plan for NHS Hull CCG for the 2019/20 financial year and summarised the audit approach to be taken.

The following points were highlighted:

Audit Engagement Team

The Committee was advised that changes had been made to the audit engagement team and that, moving forwards, Rob Walker would be replacing Nicola Hallas as the Audit Manager for NHS Hull CCG.

IAGC members were advised that, in relation to the Significant Risks, ‘Revenue Recognition’ had been taken out; the other risks and key judgement areas remained unchanged from the previous year.

In relation to Value for Money, no significant risks had been identified to date. The fee of £42,950 + VAT was as agreed.

In relation to Materiality and Misstatements, there had been no changes to previous years.

Forthcoming Accounting and Other Issues

The Chair queried if the introduction of IFRS 16 would be likely to have an impact on the CCG's financial statements and was advised that there would be some differences. The Chief Finance Officer stated that she would arrange for an impact assessment review to be carried out and a stocktake update would be provided to the January IAGC meeting, this would then need to be captured in the Accounting Policies which would come to the March IAGC meeting.

Engagement Letter

A copy of the engagement letter from Mark Kirkham, Mazars, to Emma Sayner dated 21 August 2019 had been included for information.

Assurance:

The Board can be assured that Mazars, the External Auditors for Hull CCG, have produced an Audit Strategy Memorandum (ASM) which sets out their proposed approach in respect of the audit of NHS Hull CCG for the year ending 31 March 2020.

Resolved:

(a)	The contents of the Audit Strategy Memorandum were considered and noted, and
(b)	an impact assessment review in relation to the introduction of IFRS 16 would be carried out and an update brought to the next IAGC meeting on 14 January 2020.

M Napier – Associate Director of Corporate Affairs, joined the meeting.

7. INTERNAL AUDIT

7.1 INTERNAL AUDIT PROGRESS REPORT

Sue Kendall, AuditOne, presented the Internal Audit Progress Report to update the Integrated Audit and Governance Committee on progress made against the Internal Audit Plan for 2019/20.

Members were advised that no final reports had been issued since the last IAGC meeting held on 10 September 2019.

The following audits were going through process and final reports would be brought to the next meeting for:

- Conflicts of Interest
- Primary Care Commissioning
- Continuing Healthcare

In relation to the three overdue recommendations in the follow up summary, it was confirmed that these related to findings from the audit of the Aligned Incentive Contract which were still outstanding.

The Chief Finance Officer stated that there was still more work to be done around cultural shift and behaviours and these recommendations would be kept open for the time being.

Assurance:

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. Work against the Audit Plan for 2019/20 was progressing to plan.

Resolved:

(a)	Integrated Audit and Governance Committee Members noted the progress against the 2019/20 Internal Audit Plans.
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Sue Kendall advised members that this would be the last IAGC meeting she would be attending; as yet it was unknown who her replacement would be but plans were progressing to appoint to the post and details would be communicated in due course. The Chair requested assurance that this would happen as soon as possible and the Chief Finance Officer and herself be informed.

The Chair thanked Sue Kendall and Nicola Hallas for all their support and open discussion and wished them both all the success for the future.

8. FINANCIAL GOVERNANCE

8.1 FINANCIAL REPORT

The Chief Finance Officer presented the Financial Report for consideration, which provided the summary financial performance for the period 1 April 2019 to 30 September 2019 and the CCG's draft year end position for 31 March 2020.

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 £15.335m which was in line with the 2019/20 financial plan submitted to NHS England.

This year's running cost allocation was £6.196m and the current forecast was that expenditure would be contained within this financial envelope.

Financial Performance

The report was taken as read and updates provided on the following significant variances against allocated budgets were noted:

- Mental Health (forecast overspend £400k)
With regard to out of area placements, members were assured that the overall aim was to repatriate patients whenever possible; however there had been a need for a number of emergency out of area placements.
A long term piece of work would be to develop a provider market.
- Primary Care Delegated Commissioning (forecast underspend £550k)
- Prescribing (forecast underspend £2m)
A close eye would be kept on this area, particularly with regard to any impact of Category M price movements which would be closely monitored
- Community Based Service (forecast underspend £750k)
- Other Commissioned Services/Reserves (forecast overspend £2.9m)
- With regard to the area of Other Commissioned Services/Reserves (forecast overspend £2.9m), the Chair sought assurance that the Prioritisation Panel

process was being used appropriately. Jason Stamp (Lay Member) advised that the Prioritisation Panel was now focused on addressing performance and dealing with significant areas; for example focusing on investment in PCNs, the ICC and services which were strategically aligned to the future direction of travel.

Delivery of Quality Innovation Productivity and Prevention (QIPP) targets

With regard to delivery of the QIPP programme for 2019/20, over-delivery against Aute Demand Management (HUTHT) target was noted. The Chief Finance Officer stated that this was a testament to the team and robust demand management schemes continued to be seen.

Health and Care Partnership (H&CP) Income and Expenditure Budgets

Members noted the breakdown of the 2019/20 H&CP Partnership Office/Management budget, for which Hull CCG were the host.

Debtors and Creditors

There were currently eight creditors over 6 months old and over £5,000 which totalled £731k.

There were currently two debtors over 6 months old and over £5,000 which totalled £20.6k,

The Chief Finance Officer stated that these would be escalated as necessary.

In relation to the Better Care Fund – Aligned budget with the Local Authority – the Chair requested that an update be included within the Finance report to the next meeting.

The Integrated Financial Plan would be brought to the IAGC in July 2020.

Assurance:

The Board can be assured that the CCG is currently forecasting to achieve a balanced position against the in-year allocation. There is therefore no impact on the CCG's historic surplus of £15.335m which is in line with the 2019/20 financial plan submitted to NHS England.

Resolved:

(a)	Integrated Audit and Governance Committee Members noted the performance for the year to 30 September 2019 and noted the forecast of a balanced in year position;
(b)	Integrated Audit and Governance Committee Members noted the achievement/forecast of financial targets, and
(c)	an update on the Better Care Fund – Aligned budget with the Local Authority to be included within the Finance report to the next meeting

8.2 LOSSES AND SPECIAL PAYMENTS

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

9. GOVERNANCE

M Longden - Corporate Affairs Manager, D Lowe - Deputy Director of Quality and Clinical Governance / Lead Nurse, and C Denman - Head of NHS Funded Care) joined the meeting.

9.1 WAIVING OF PRIME FINANCIAL POLICIES

There were no tender waivers to report to this meeting.

9.2 CORPORATE RISK REGISTER

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

There were currently 31 risks on the CCG Risk Register. Of the 31 risks, 22 had a current risk rating of high or extreme and were included within the report.

A comprehensive review of all risks was currently being undertaken, resulting in a re-casting and re-framing of some risks in reflection of previous discussions at the committee and discussions with risk owners.

Updates were highlighted within the report and a robust review of the Risk Register took place and the following comments were made:

Risk 839 - Access to CYP Autism Service – *increase in risk rating from a high risk 9 to a high risk 12.*

There had been some shift in direction and the waiting list had started to slowly reduce but the risk had been moved back to its original rating until this was sustained. It was stated that the requirement for referrals for assessment for Autism had increased and this was reflected nationally.

IAGC members approved the increase in risk rating and this risk would continue to be closely monitored.

Risk 861 – ‘never events’ at HUTHT – *increase in risk rating from a moderate risk 6 to a high risk 9.*

HUTHT were reporting a notable increase in ‘never events’ (5 YTD). A 10 point action plan had been developed and shared with NHSEI to draw out learning and assist with putting processes in place to improve safety. The Trust were also implementing their ‘safety strategy’ and active campaigns including ‘stop the line’ and quality and safety continued to be closely monitored.

IAGC members approved the increase in risk rating and this risk would continue to be closely monitored.

Risk 898 – Implementation of the Transforming Care Strategic Plan - it was noted that this risk had not been updated since July. The Associate Director of Corporate Affairs agreed to pick this up with the individual risk lead outside the meeting.

Risk 915 – Patient and public opposition to plans for the development of New Models of Care resulting in services not being sustainable – *reduction in risk rating from a high risk 12 to a high risk 9.*

Members were advised that actions were being taken to mitigate this risk which included the development of a consultation protocol and working with communities.

Discussion took place and although members were confident with the direction of travel, Jason Stamp (Lay Member) expressed concern in regard to reducing the risk rating in view of the consultation protocol not having yet been signed off and a lot of the risk being out of the CCG’s control. The work completed was acknowledged but, given the concern expressed, it was agreed that this should remain a high risk 12.

The Associate Director of Corporate Affairs would pick this up with the risk owner and bring back to the next meeting.

Risk 918 – CCG compliance with the SEND statutory requirements – Jason Stamp (Lay Member) queried whether, based on feedback following the recent inspection, this risk should remain high or if it should be amended. It was reported that the CCG

were not yet in receipt of a formal letter, but it would be flagged up with the risk owner to review the risk in light of the outcome of the SEND inspection.

Risk 930 – Potential instabilities within Primary Care Networks (PCNs) following their establishment – *reduction in risk rating from high risk 12 to high risk 8.*

With the passing of time since PCN establishment there was now a marginal reduction in relative likelihood; plans and resources were in place to address recognised needs and there had been a good response to the maturity matrix. IAGC members were comfortable with and approved the reduction in risk rating.

Risk 936 – Move to the new statutory multi agency safeguarding arrangements for children between CCGs, Local Authorities and the Police – *increase in risk rating from a high risk 12 to an extreme risk 15.*

The increase in rating reflected a number of key aspects which required ongoing review immediately post implementation of the new arrangements.

IAGC members approved the increase in risk rating which would be kept under review.

Risks requested for removal

Risk 901 – Capacity/capability within Primary Care Networks and the CCG to support PCNs to deliver the Long Term Plan – this risk was included for completeness with a request for it to be closed and a new risk (Risk 942) be opened that reflected this risk more adequately.

New Risks

Risk 938 – Likelihood that the United Kingdom would leave the European Union at the end of October 2019 without a formal exit deal in place.

This risk now needed to be updated and re-articulated.

The Associate Director of Corporate Affairs would pick this up outside of the meeting and circulate to Karen Marshall and Jason Stamp for virtual approval.

Risk 939 – Impact of Climate Change and risk to the CCG – environmental issues that may affect health. It was agreed that this risk needed to be broader and needed to link to health and would need to be re-visited and re-articulated.

The Associate Director of Corporate Affairs would pick this up outside of the meeting and circulate.

Risk 940 - Business information and performance risk in respect of compliance if unable to provide the statutory information within the reporting schedule for NHSEI for Continuing Health Care.

This risk related to data collection with regard to Continuing Health – the change would significantly increase the flow of data needed to be provided to NHSEI.

Controls were in place to monitor the significant impact.

Jason Stamp requested that this risk be re-articulated and circulated outside of the meeting.

Risk 942 - Lack of capacity/capability within Primary Care Networks and the CCG to support Primary Care Networks to deliver the Long Term Plan.

This risk replaced Risk 901.

Assurance:

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

IAGC members approved the removal of Risk 901 which had been replaced by a new risk (Risk 942) and requested the re-articulation of new risks 938,939 and 940.

Resolved:

(a)	The continued work to monitor and update the risks on the Risk Register was noted;
(b)	Members approved the removal of Risk 901, which had been replaced by a new risk (Risk 942);
(c)	Risk 918 to be reviewed in light of the outcome of the SEND Inspection
(c)	Re-articulation of the following risks to be undertaken: <ul style="list-style-type: none"> • Risk 938 • Risk 939 • Risk 940

9.3 BOARD ASSURANCE FRAMEWORK (BAF) 2019/20

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

The BAF comprised of a total of 23 risks relating to the five strategic objectives of the CCG for 2019/20.

It was reported that there had been relatively little movement on the BAF and the BAF would be considered in greater detail at the next IAGC meeting and there would also be a Board Development session on the BAF.

Resolved:

(a)	Integrated Audit and Governance Committee Members noted the updated BAF, and
(b)	the BAF would be considered in greater detail at the next IAGC meeting.

Assurance:

The Board can be assured that the IAGC is kept updated on the position against the assessed risks on the Board Assurance Framework (BAF) 2019/20.

The BAF would be considered in greater detail at the next IAGC meeting.

9.4 GIFTS AND HOSPITALITY REPORT

The Associate Director of Corporate Affairs presented the Gifts and Hospitality Report which provided details of declarations of gifts and hospitality, both accepted and declined, made since the last report to the IAGC on 14 May 2019.

The report was taken as read and members noted the declarations made.

Assurance:

The Board can be assured that the CCG maintains a register of all declarations of gifts and hospitality, in accordance with the NHSE guidance on Managing Conflicts of Interest, which is regularly reviewed by the IAGC.

Resolved:

(a)	Integrated Audit and Governance Committee Members noted the declarations of gifts and hospitality, both accepted and declined, made since the last report to the IAGC on 14 May 2019
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9.5 PROCUREMENT PANEL ASSURANCE UPDATE

Jason Stamp declared a Financial Interest in item 9.5 in relation to his role as Chief Officer, North Bank Forum for Voluntary Organisations – sub-contract for the Connect Well Hull Social Prescribing Service. The declaration was noted and it was agreed that he should remain in the room.

Members received a report which provided an update in respect of procurement activity during the period April to September 2019.

In relation to Integrated Commissioning and Procurement, in particular relevant procurement activity (current and planned) in the local authority for Day Services (Adults), Home Care (Adults) and Agency and Residentail Placements (Children's), the Chair questioned if there would be any impact for the CCG and requested that a verbal update be provided to the IAGC meeting in January 2020 to explain this more fully.

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 2019, and that
(b)	a verbal update would be provided to the IAGC meeting in January 2020 in relation to any impact for the CCG with regard to procurement activity in the local authority in relation to Day Services (Adults), Home Care (Adults) and Agency and Residentail Placements (Children's).

9.6 CONTINUING HEALTH CARE (NHS-CCG) REPORT

The Head of NHS Funded Care presented a report to provide the IAGC with an update regarding NHS-CHC (Continuing Healthcare) for noting.

The Chair queried, in relation to the current model of brokerage for adults in receipt of CHC, whether the systems and processes were adequate and what would the CCG need to do to mitigate any problems should they arise as it was acknowledged that there was also a risk of unhidden cases coming to light.

It was agreed that a further update report would be brought to the July 2020 meeting of the IAGC to see what progress had been made in light of new national guidance.

Assurance:

The Board can be assured that the IAGC continues to be kept up to date in relation to the area of NHS-CHC (Continuing Healthcare).

Resolved:

(a)	Integrated Audit and Governance Committee Members noted the content of the NHS Continuing Healthcare Report, and
(b)	a further update report on NHS-CHC would be brought to the July 2020 IAGC meeting

9.7 POLICIES

The following updated policies were presented for approval. These policies had required an update in line with the schedule of refresh of policies; updates included organisational changes and housekeeping elements.

9.7.1 Information Governance Policies:

- Security and Transmission of Personal Confidential Data and Information (Safe Haven) Policy
- Information Governance Framework and Strategy
- Code of Confidentiality
- Confidentiality Audit Policy

IAGC members approved the above updated Information Governance Policies

- **Information Security and Equipment Policy**
(This policy had been considered and approved virtually outside of the meeting in order to meet a deadline)

9.7.2 Financial Policies and Procedures:

- Allocations and Financial Plan
- Budget Upload Procedure
- Finance Guidelines
- IR35 Off Payroll Workers
- Losses and Special Payments
- Making Payments using Payment Request form V4.0
- Raising Debtor Requests V4.0
- Pay Advances V4.0

IAGC members approved the above updated financial policies and procedure.

Assurance:

The Board can be assured that the CCG regularly reviews and updates its policies. IAGC Members approved the updated Information Governance Policies and the updated Financial Policies and Procedure.

The updated policies would be shared with all staff and published on the CCG website.

Resolved:

(a)	The following updated Information Governance policies were approved by the IAGC: <ul style="list-style-type: none">• Security and Transmission of Personal Confidential Data and Information (Safe Haven) Policy
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	<ul style="list-style-type: none"> • Information Governance Framework and Strategy • Code of Confidentiality • Confidentiality Audit Policy
(b)	<p>The following updated Financial Polices and Procedure were approved by the IAGC:</p> <ul style="list-style-type: none"> • Allocations and Financial Plan • Budget Upload Procedure • Finance Guidelines • IR35 Off Payroll Workers • Losses and Special Payments • Making Payments using Payment Request form V4.0 • Raising Debtor Requests V4.0 • Pay Advances V4.0
(b)	<p>The approved updated policies would be shared with all staff and published on the CCG website.</p>

9.8 PLANNING AND COMMISSIONING COMMITTEE MINUTES - the minutes from the meetings held on 2 August 2019, 6 September 2019 and 4 October 2019 were noted.

9.9 PRIMARY CARE COMMISSIONING COMMITTEE MINUTES – the minutes from the meeting held on 28 June 2019 were noted.

9.10 QUALITY AND PERFORMANCE COMMITTEE MINUTES – the minutes from the meeting held on 23 July 2019 and 17 September 2019 were noted.

9.11 PRIMARY CARE QUALITY AND PERFORMANCE SUB-COMMITTEE MINUTES – there were no approved minutes to bring to this meeting.

9.12 HEALTH, SAFETY AND SECURITY GROUP MINUTES – the approved minutes of the meeting held on 18 September 2019 were noted.

9.13 INFORMATION GOVERNANCE STEERING GROUP ACTION NOTES – the action notes from the meeting held on 21 August 2019 were noted.

9.14 JOINT EMERGENCY PREPAREDNESS RESILIENCE AND RESPONSE / BUSINESS CONTINUITY MANAGEMENT (EPRR/BCM) GROUP ACTION NOTES – the action notes from the meeting held on 14 August 2019 were noted and the Chair requested that future notes contain a list of the individuals present and apologies noted.

9.15 COMMITTEES IN COMMON MINUTES – there were no approved minutes to bring to this meeting.

10. GENERAL

10.1 ANY OTHER BUSINESS

There were no items of any other business to report.

10.2 DATE AND TIME OF NEXT MEETING

The next meeting of the IAGC will be held on **Tuesday 14 January 2020** at 9.00am in the Boardroom at Wilberforce Court at which time there will be an opportunity for a pre meet with the auditors at 8.30am.

EO IAGC meeting dates for the review of the annual accounts would be scheduled and communicated as soon as possible.

The Chair expressed her thanks to the Internal and External Audit Managers for all their support and assistance

A handwritten signature in black ink, appearing to read 'K. Stowell', is positioned above the typed name.

Signed:

Chair of the Integrated Audit and Governance Committee

Date: 14 January 2020

Abbreviations

AAL	Annual Audit Letter
ACR	Audit Completion Report
AGS	Annual Governance Statement
AIC	Aligned Incentive Contract
ASM	Audit Strategy Memorandum
BAF	Board Assurance Framework
BCF	Better Care Fund
CHC	Continuing Healthcare
CHCP	City Healthcare Partnership CIC
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
ERY CCG	East Riding of Yorkshire CCG
FoI	Freedom of Information
GDPR	General Data Protection Regulation
HoIAO	Head of Internal Audit Opinion
HS&SG	Health, Safety and Security Group
HUTHT	Hull University Teaching Hospitals NHS Trust
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
NAO	National Audit Office
NECS	North of England Commissioning Support
NFI	National Fraud Initiative
NHSE	NHS England
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
SAR	Subject Access Request
SEND	Special Educational Needs and Disability
SI	Serious Incident
SOPs	Standard Operating Procedures
STP	Sustainability and Transformation Plan
SRT	Self Review Tool
ToR	Terms of Reference
VfM	Value for Money