



## Gloucestershire Integrated Care Board Meeting

To be held at 9.30am- 12.30pm on Friday 1 July 2022

Boardroom, Sanger House, 5220 Valiant Court, Gloucester Business Park,  
Brockworth, Gloucester GL3 4FE

*(The meeting is also available via MS Teams)*

No	Time	Introduction to the ICB / ICS	Action	Presenter
1.	9.30am – 9.45am	<b>Welcome and Apologies</b> Chairs briefing about the meeting and future board meetings	Information	Chair
2.	9.45am – 10.10am	<b>Launch of the ICB / ICS</b> ICS launch films (Frailty services; Mental health practitioners in primary care; Park Homes insulation project; School streets scheme, part of Greener Gloucestershire).  Hopes and Aspirations for the ICS	Discussion	Chair  Elizabeth O'Mahoney NHSEI SW Region Matt Lennard, VCS Gloucestershire
3.	10.10am 10.20am	<b>Board appointments</b> <ul style="list-style-type: none"> <li>• ICB unitary board members</li> <li>• ICB committee chairs</li> <li>• Participants of the board</li> </ul>	Noted	Chair
4.	10.20am – 10.30am	Questions from members of the public	Discussion	
		<b>Governance matters for approval</b>		
5.	10.30am – 10.33am	Declarations of Interest <i>To consider declarations of interests and any conflicts of interest arising from this agenda</i>		Chair
6.	10.33am – 10.37am	Gloucestershire ICB Constitution (including the nominations and appointments used)  <i>To receive the Constitution as authorised by NHSEI</i>	Approval	Chief Executive
7.	10.37am - 10.47am	ICB Committee Terms of Reference (ToRs)	Approval	Chief Executive

		Appointment of Conflicts of Interests Guardian (formal approval)		
8a 8b	10.47am – 11.05am	Scheme of Reservation and Delegation Standing Financial Instructions Detailed Scheme of Delegation	Approval	Chief Finance Officer
9.	11.05am - 11.10am	<ul style="list-style-type: none"> <li>• ICB Standards of Business Conduct Policy including Conflicts of Interest and Gifts and Hospitality Policies</li> <li>• Counter Fraud, Bribery and Corruption Policy</li> <li>• Health &amp; Safety Policy</li> <li>• Policy scheduling</li> </ul>	Approval	Chief Executive Officer
10.	11.10am – 11.15am	Establishing the Gloucestershire Health and Wellbeing Partnership (the Integrated Care Partnership)	Approval	Chief Executive Officer
11.	11.15 am - 11.30am	<b>Break</b>		
12.	11.30am – 11.50am	Operational Plan and Budget 2022/23	Approval	Director of Planning & Performance Chief Finance Officer
13.	11.50am – 12.05pm	ICB Budget 2022-23	Approval	Chief Finance Officer
13.	12.05pm – 12.10pm	<b>Closing remarks</b>	Information	Chair
14.	12.10pm 12.15pm	<b>Any Other Business</b>		Chair
15.	12.15pm	<b>Time and date of the next meeting</b> 2.00pm – 5.00pm on 27 July 2022, Boardroom, Sanger House.		
		<b>Buffet lunch provided</b>		

## Integrated Care Board

1 July 2022

<b>Report Title</b>	<b>ICB Board Appointments</b> <ul style="list-style-type: none"> <li>ICB unitary board members</li> <li>ICB committee chairs</li> <li>Participants – attending the board of the ICB</li> </ul>			
<b>Purpose (X)</b>	<b>For Information</b>	<b>For Discussion</b>	<b>For Decision</b>	
	X			
<b>Route to this meeting</b>	The appointments to the Board have gone through appropriate recruitment and governance processes. Including ICS Board, NHSEI meetings and internal meetings with executives and managers involved in developing the terms of reference for ICB committees.			
	<b>ICB Internal</b>	<b>Date</b>	<b>System Partner</b>	<b>Date</b>
	CCG meetings on developing ToR and meetings between the Chair and ICB NEDs	Nov – Feb 2022	ICS Board meetings Recruitment Interviews for ICB NEDs and Executives including system partners Nomination’s process	Nov 2021 – June 2022 onwards
<b>Executive Summary</b>	Members of Board of the ICB have been appointed to their roles either through an open and fair recruitment process (Executive Directors and Non-Executive Directors) or through the nominations and appointments process as detailed in the ICB Constitution. This paper details who has been appointed to the following roles: <ul style="list-style-type: none"> <li>ICB unitary board members</li> <li>ICB Committee Chairs</li> <li>Participants attending the board of the ICB</li> </ul>			
<b>Key Issues to note</b>	All board appointments have been made to the board in accordance with national and regional guidance. The ICB has also ensured that meetings are inclusive as possible by including a wide range of participants to the meeting. The ICB Committee Chairs were appointed earlier in the year allowing them time to engage in the development of committee Terms of Reference and how the committees will operate.			

<b>Key Risks:</b>	Without appointments to the board the ICB would fail to operate as a statutory organisation.		
<b>Original Risk (CxL)</b>	(4x3) 12		
<b>Residual Risk (CxL)</b>	(4x1) 4 (residual meaning accepted risk)		
<b>Management of Conflicts of Interest</b>	The ICB has ensure that the recruitment and appointment process relating to ICB board members has followed conflicts of interest guidance. All recruitment to the roles has followed a fair and open process.		
<b>Resource Impact (X)</b>	<b>Financial</b>		<b>Information Management &amp; Technology</b>
	<b>Human Resource</b>	x	<b>Buildings</b>
<b>Financial Impact</b>	N/A		
<b>Regulatory and Legal Issues (including NHS Constitution)</b>	All employment and equality legislation has been complied with in terms of the recruitment and appointment process.		
<b>Impact on Health Inequalities</b>	N/A		
<b>Impact on Equality and Diversity</b>	An ED&I specialist advisor was a member of the recruitment interviews for both NED appointments and Executive positions. An ED&I specialist advisor was also involved in the ICB partner member appointments.		
<b>Impact on Sustainable Development</b>	The CFO role has responsibility for sustainability.		
<b>Patient and Public Involvement</b>	N/a		
<b>Recommendation</b>	The Board is requested to note: <ul style="list-style-type: none"> <li>○ ICB unitary board members</li> <li>○ ICB committee chairs</li> <li>○ Participants attending the board.</li> </ul>		
<b>Author</b>	Christina Gradowski	<b>Role Title</b>	Associate Director of Corporate Affairs
<b>Sponsoring Director (if not author)</b>	Mary Hutton, Chief Executive Officer		

<b>Glossary of Terms</b>	<b>Explanation or clarification of abbreviations used in the paper</b>
ICS	Integrated Care System
ICB	Integrated Care Board
GHC	Gloucestershire Health & Care Foundation Trust
GHFT	Gloucestershire Hospitals NHS Foundation Trust
GCC	Gloucestershire County Council
VCSE	Voluntary, Community and Social Enterprise

## Board Appointments to the ICB

In October 2021 the Gloucestershire System was informed that Gill Morgan was appointed to the position of Chair of the ICB, by NHS England and Improvement (NHSEI) having been recently appointed to the position of ICS Chair in 2020 following an open and fair recruitment process. The interview panel had included system partners and an NHSEI representative.

In November 2021 work was undertaken to recruit 5 non-executive directors to the new ICB. A recruitment pack and role profile were developed which specified their responsibilities including the chairing of ICB committees.

There was a fair and open recruitment process which followed national and regional guidance. The interview panels included system partners and an ED&I specialist. Appointments were confirmed in January 2022 and the new appointments took effective on 1<sup>st</sup> April 2022 to coincide with 'shadow' ICB arrangements. They are as follows:

Name	Non-Executive Director – Committee Chairs
Clive Lewis	Non-Executive Director and chair of: Remuneration Committee People Committee
Julie Soutter	Non-Executive Director and chair of: Audit Committee
Colin Greaves	Non-Executive Director and chair of Primary Care and Direct Commissioning Committee
Professor Jane Cummings	Non-Executive Director and chair of Quality Committee
Professor Jo Coast	Non-Executive Director and chair of System Resources Committee

In October 2021 the process to recruit a Chief Executive of the ICB commenced. A national advert was placed by NHSEI to advertise all 42 national ICB Chief Executive Officer positions. An open and fair recruitment process was organised that included stakeholder panels comprising community and system partner representatives and an interview panel which comprised system partners and an Equality, Diversity and Inclusion specialist. An appointment was made following the interviews and Mary Hutton was there after confirmed in post by NHSEI.

In December 2021 a recruitment process was undertaken to appoint the 9 Executive Directors of the ICB; three of those posts were mandated nationally including, Chief Medical Officer, Chief Nursing Officer and Chief Finance Officer. Two other director posts are members of the Board, Director of Strategy and Transformation and the Director of People, Culture and Engagement. All these posts were filled following the interviews for the roles, with the exception of the Director of People, Culture and Engagement, which was filled on a secondment basis.

Name	Executive Director
Mary Hutton	Chief Executive Officer
Andy Seymour	Chief Medical Officer
Marion Andrews Evans	Chief Nursing Officer

Cath Leech	Chief Finance Officer
Ellen Rule	Director of Strategy and Transformation
Tracey Cox	Director of People, Culture and Engagement

A nominations and appointments process was conducted in June 2022 and five system partners have been appointed to the Board.

Name	Partner member
Deborah Lee Gloucestershire Hospitals NHS Foundation Trust	NHS Provider Perspective
Paul Roberts Gloucestershire Health & Care NHS Foundation Trust	NHS Providers Mental Health, Learning Disabilities & Autism Perspective
Sarah Scott Gloucestershire County Council	Local Authority – Overall Perspective
Siobhan Farmer Gloucestershire County Council	Local Authority – Public Health Perspective
Jo Bayley Primary Care	Primary Medical Services Perspective

The following participants have been invited to board meetings of the ICB as part of the one Gloucestershire inclusive approach

Name	Organisation
Carole Allaway-Martin	Gloucestershire County Council
Chris Spencer	Gloucestershire County Council
Deborah Evans	Gloucestershire Hospitals NHS Foundation Trust
Ingrid Barker	Gloucestershire Health and Care NHS Foundation Trust
Graham Russell	Gloucestershire Health and Care NHS Foundation Trust
Robert Graves	Gloucestershire Hospitals NHS Foundation Trust
Martin Holloway	South Western Ambulance Service (SWAST)
Pete Bungard	Gloucestershire County Council
TBC	Primary Care Network representative
Rachel Pearce	SW NHS England & Improvement

Mark Walkingshaw	Director of Operational Planning & Performance Gloucestershire ICB (GICB)
Helen Goodey	Director of Primary Care & Place (GICB)
Kim Forey	Director of Integration (GICB)
Paul Atkinson	Chief Clinical Information Officer (GICB)
Emily Beardshall	Deputy ICS Programme Director (GICB)



**Agenda Item 6a**

**Integrated Care Board  
1 July 2022**

<b>Report Title</b>	<b>ICB Constitution</b>			
<b>Purpose (X)</b>	<b>For Information</b>		<b>For Discussion</b>	
				<b>For Decision Approval</b>
<b>Route to this meeting</b>	<p>There have been five model ICB Constitution with detailed supporting notes on how to complete the Constitution published by NHSEI. Gloucestershire ICB Constitution has been updated seven times to take account of national changes, and local engagement with the Chief Executive Officer, Chair and Non-executive directors as well as CCG Governing Body members and system partners. This final version of the Constitution with Standing Orders has been approved by NHSEI.</p>			
	<b>ICB Internal</b>	<b>Date</b>	<b>System Partner</b>	<b>Date</b>
	ICB CEO ICB Chair	October 2021 – May 2022	The Constitution was posted onto the system Review Hub for final comment and feedback	May 2022
<b>Executive Summary</b>	<p>Gloucestershire ICB Constitution sets out the statutory framework within which the organisation is authorised to operate within.</p> <ul style="list-style-type: none"> <li>• Section 1 - the legislative framework and relevant health and care acts, equality legislation and other key laws the organisation is required to abide by and operate within. This section also covers the status of the constitution and mechanism to vary the Constitution.</li> <li>• Section 2 - the ICB Board composition.</li> <li>• Section 3 - the appointments process for the board, including eligibility and disqualification. The nominations and appointment process for partner members can be found in section 3.5.</li> <li>• Section 4 - the arrangements for the exercise of the ICB functions including the scheme of reservation and delegation, functions and decisions map and committees of the ICB.</li> <li>• Section 5 – procedures for making decisions covering the Standing Orders</li> <li>• Section 6 – arrangements for managing conflicts of interests</li> <li>• Section 7 - arrangements for ensuring accountability and transparency</li> <li>• Section 8 – arrangements for determining the terms and conditions of employment of ICB staff</li> <li>• Section 9 – arrangements for patient and public involvement.</li> </ul> <p>From page 41 onwards covers the Standing Orders which detail how the ICB board organises its meetings, quoracy, publishes its papers and makes arrangements for vacancies on the board etc.</p>			

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<b>Key Issues to note</b>	Section 3. the appointments process for the board, including eligibility and disqualification is detailed in this section, along with Non-executives and Partners terms of office. The nominations and appointment process for partner members can be found in section 3.5.		
<b>Key Risks:</b>  <b>Original Risk (CxL)</b> <b>Residual Risk (CxL)</b>	Without a Constitution and Standing Orders the ICB could not be established and function. (5x3) 15 The Constitution and Standing Orders was a key priority for the establishment of the ICB and reduced the risk associated with not having one to. (5x1) 5 (residual meaning accepted risk)		
<b>Management of Conflicts of Interest</b>	The Constitution includes a section on conflicts of interests and how to manage them see section 6.		
<b>Resource Impact (X)</b>	<b>Financial</b>		<b>Information Management &amp; Technology</b>
	<b>Human Resource</b>		<b>Buildings</b>
<b>Financial Impact</b>	N/A		
<b>Regulatory and Legal Issues (including NHS Constitution)</b>	The constitution covers the regulatory and legal issues pertaining to the ICB including section 1 which provides an overview of the regulatory framework within which the ICB works.		
<b>Impact on Health Inequalities</b>	See section 9 patients and public involvement		
<b>Impact on Equality and Diversity</b>	The Constitution includes the stipulation that the ICB must adhere to equality, including the public-sector equality duty (under the Equality Act 2010) and the duty as to health inequalities (section 14Z35) – see section 1.4.5		
<b>Impact on Sustainable Development</b>	The Constitution does not cover sustainable development		
<b>Patient and Public Involvement</b>	The Constitution covers Patient and Public Involvement see section 9.		
<b>Recommendation</b>	The Board is requested to: <ul style="list-style-type: none"> <li>• Approve the Constitution (and Standing Orders)</li> </ul>		
<b>Author</b>	Christina Gradowski	<b>Role Title</b>	Associate Director of Corporate Affairs
<b>Sponsoring Director (if not author)</b>	Mary Hutton, Chief Executive Officer.		

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# **NHS Gloucestershire Integrated Care Board**

## **CONSTITUTION**

<b>Version</b>	<b>Date approved</b>	<b>Effective date</b>
Final Version v1.0	N/A	July 1 <sup>st</sup> 2022

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## 1. Introduction

### 1.1 Background/Foreword

1.1.1 NHSE has set out the following as the four core purposes of ICSs:

- a) improve outcomes in population health and healthcare
- b) tackle inequalities in outcomes, experience and access
- c) enhance productivity and value for money
- d) help the NHS support broader social and economic development.

The ICB will use its resources and powers to achieve demonstrable progress on these aims, collaborating to tackle complex challenges, including:

- improving the health of children and young people
- supporting people to stay well and independent
- acting sooner to help those with preventable conditions
- supporting those with long-term conditions or mental health issues
- caring for those with multiple needs as populations age
- getting the best from collective resources so people get care as quickly as possible.

1.1.2 Gloucestershire's Integrated care systems (ICSs) is a partnership of health and care organisations that have come together to plan and deliver joined up services and to improve the health of people who live and work in Gloucestershire.

1.1.3 We exist to achieve four key aims:

- improve outcomes in population health and healthcare;
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money;
- help the NHS support broader social and economic development.

1.1.4 Gloucestershire Integrated Care Board and One Gloucestershire Integrated Care System have a shared vision to work together in an inclusive and collaborative way to transform and improve services: Our vision is:

*“To improve health and wellbeing of our population, we believe that by all working better together - in a more joined up way, and using the strengths of individuals, carers and local communities - we will transform the quality of support and care we provide to all local people”*

1.1.5 The Integrated Care Board (ICB) will work to deliver the strategy and our key strategic priorities set by One Gloucestershire Health and Wellbeing Partnership. In 2019 we set out our ambitions in our five year plan.

1.1.6 Functions of the ICB

- 1.1.5i The functions of the ICB and purpose of One Gloucestershire ICS are defined in the ICS Design Framework as detailed in 1.1.5ii. In addition to the four key strategic aims, the 168 statutory functions, duties and powers of CCG's shall be conferred on ICBs as per the Health Act 2006 amended by the Health and Care Act 2022.
- 1.1.5ii The functions of the ICB are set out in the ICS Design Framework and have been adopted in full, and supplemented with locally agreed functions. They are:
1. Developing a plan to meet the health needs of the population;
  2. Allocating resources to deliver the plan across the system;
  3. Establishing joint working arrangements with partners that embed collaboration as the basis for delivery of joint priorities;
  4. Establishing governance arrangements to support collective accountability between partners;
  5. Leading system wide arrangements through which the delivery of health services is ensured in line with allocated resources and conforming to national and Constitutional standards;
  6. Leading system implementation of the People Plan;
  7. Leading system wide action on digital and data;
  8. Using joined up digital and data capabilities to understand local priorities, track delivery of plans, monitor and address variation and drive continuous improvement;
  9. Working alongside councils to invest in local voluntary sector and community organisations and infrastructure;
  10. Driving joint working on estates, procurement, supply chain and commercial strategies;
  11. Planning for, responding to and leading recovery from incidents (EPRR);
  12. Functions NHS E/I will be delegating – e.g., commissioning of primary care and specialised services;
  13. \*Promotion of Health and Population Health Management;
  14. \*Engagement and participation of local people and communities (\*locally agreed functions).

**This Constitution establishes the principles, statutory duties and governance arrangements of the ICB**

It also describes the governing principles, rules and procedures that the ICB will establish to ensure probity and accountability in the day to day running of the ICB, to ensure decisions are taken in an open, collaborative and transparent way and that the interests of patients and the public remain central to the values/aims of the ICB and One Gloucestershire ICS.

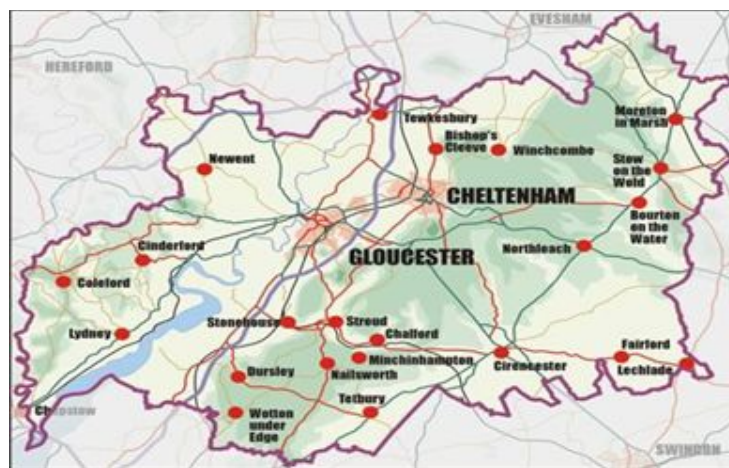
**This Constitution applies to all ICB employees, individuals working on behalf of the ICB** including anyone who is a member of the Board of the ICB, its sub-committees, joint committees and any other employee or other person working on behalf of the ICB.

## 1.2 Name

- 1.2.1 The name of this Integrated Care Board is NHS Gloucestershire Integrated Care Board (“the ICB”).

## 1.3 Area Covered by the Integrated Care Board

- 1.3.1 The area covered by the ICB the Borough of Cheltenham, District of Cotswold, District of Forest of Dean, City of Gloucester, District of Stroud, Borough of Tewkesbury, comprising 271,207 hectares with a population of over **600,000**.



## 1.4 Statutory Framework

- 1.4.1 The ICB is established by order made by NHS England under powers in the 2006 Act.
- 1.4.2 The ICB is a statutory body with the general function of arranging for the provision of services for the purposes of the health service in England and is an NHS body for the purposes of the 2006 Act.
- 1.4.3 The main powers and duties of the ICB to commission certain health services are set out in sections 3 and 3A of the 2006 Act. These provisions are supplemented by other statutory powers and duties that apply to ICBs, as well as by regulations and directions (including, but not limited to, those made under the 2006 Act).
- 1.4.4 In accordance with section 14Z25(5) of, and paragraph 1 of Schedule 1B to, the 2006 Act the ICB must have a Constitution, which must comply with the requirements set out in that Schedule. The ICB is required to publish its Constitution (section 14Z29). This Constitution is published at <https://nhsglos.nhs.uk/about-us/how-we-work/the-icb-board/icb-constitution/>



- 1.4.5 The ICB must act in a way that is consistent with its statutory functions, both powers and duties. Many of these statutory functions are set out in the 2006 Act but there are also other specific pieces of legislation that apply to ICBs. Examples include, but are not limited to, the Equality Act 2010 and the Children Acts. Some of the statutory functions that apply to ICBs take the form of general statutory duties, which the ICB must comply with when exercising its functions. These duties include but are not limited to:
- a) Having regard to and acting in a way that promotes the NHS Constitution (section 2 of the Health Act 2009 and section 14Z32 of the 2006 Act);
  - b) Exercising its functions effectively, efficiently and economically (section 14Z33 of the 2006 Act);
  - c) Duties in relation children including safeguarding, promoting welfare etc (including the Children Acts 1989 and 2004, and the Children and Families Act 2014);
  - d) Adult safeguarding and carers (the Care Act 2014);
  - e) Equality, including the public-sector equality duty (under the Equality Act 2010) and the duty as to health inequalities (section 14Z35); and
  - f) Information law, (for instance, data protection laws, such as the UK General Data Protection Regulation 2016/679 and Data Protection Act 2018, and the Freedom of Information Act 2000);
  - g) Provisions of the Civil Contingencies Act 2004.
- 1.4.6 The ICB is subject to an annual assessment of its performance by NHS England which is also required to publish a report containing a summary of the results of its assessment.
- 1.4.7 The performance assessment will assess how well the ICB has discharged its functions during that year and will, in particular, include an assessment of how well it has discharged its duties under—
- a) section 14Z34 (improvement in quality of services),
  - b) section 14Z35 (reducing inequalities),
  - c) section 14Z38 (obtaining appropriate advice),
  - d) section 14Z40 (duty in respect of research)
  - e) section 14Z43 (duty to have regard to effect of decisions)
  - f) section 14Z44 (public involvement and consultation),
  - g) sections 223GB to 223N (financial duties), and
  - h) section 116B(1) of the Local Government and Public Involvement in Health Act 2007 (duty to have regard to assessments and strategies).
- 1.4.8 NHS England has powers to obtain information from the ICB (section 14Z60 of the 2006 Act) and to intervene where it is satisfied that the ICB is failing,

or has failed, to discharge any of its functions or that there is a significant risk that it will fail to do so (section 14Z61).<sup>1</sup>

## 1.5 Status of this Constitution

1.5.1 The ICB was established on 1<sup>st</sup> July 2022 by The Integrated Care Boards (Establishment) Order 2022, which made provision for its Constitution by reference to this document.

1.5.2 This Constitution must be reviewed and maintained in line with any agreements with, and requirements of, NHS England set out in writing at establishment.

1.5.3 Changes to this Constitution will not be implemented until, and are only effective from, the date of approval by NHS England.

## 1.6 Variation of this Constitution

1.6.1 In accordance with paragraph 15 of Schedule 1B to the 2006 Act this Constitution may be varied in accordance with the procedure set out in this paragraph. The Constitution can only be varied in two circumstances:

- a) where the ICB applies to NHS England in accordance with NHS England's published procedure and that application is approved; and
- b) where NHS England varies the Constitution of its own initiative, (other than on application by the ICB).

1.6.2 The procedure for proposal and agreement of variations to the Constitution shall be as follows:

- a) Upon a recommendation of the Audit Committee as part of the annual review of the Constitution (*see SoRD 1.5 (c) subsection (a)*);
- b) Upon a recommendation of the Chair and/or Chief Executive included on the agenda for the meeting;
- c) Recommendations shall be considered by the board:
  - provided that the meeting is quorate, whereby 8 members of the board are present at the meeting including:
    - Three of the six non executive members (including Chair or Vice Chair);
    - Two of the six executive members (including Chief Executive or Deputy);
    - Either the Chief Nursing Officer or Chief Medical Officer;
    - Two of five of the partner members; (*see SO 4.7.1*); where the variation or amendment is being discussed

<sup>1</sup> To update with the Health and Care Act 2022 amendment of the 2006 Act to confer on ICBs the functions of primary care commissioning.

and that at least half of the ICB members vote in favour of the amendment;

- provided that any variation or amendment does not contravene a statutory provision, direction made by the Secretary of State or guidance issued by NHS England;
- d) Proposed amendments to this Constitution will not be implemented until an application to NHS England for variation has been approved.

## 1.7 Related Documents

1.7.1 This Constitution is also supported by a number of documents which provide further details on how governance arrangements in the ICB will operate.

1.7.2 The following are appended to the Constitution and form part of it for the purpose of clause 1.6 and the ICB's legal duty to have a Constitution:

- a) **Standing Orders** – which set out the arrangements and procedures to be used for meetings and the process to appoint the ICB committees.

1.7.3 The following do not form part of the Constitution but are required to be published

- a) **The Scheme of Reservation and Delegation (SoRD)** – sets out those decisions that are reserved to the board of the ICB and those decisions that have been delegated in accordance with the powers of the ICB and which must be agreed in accordance with and be consistent with the Constitution. The SoRD identifies where, or to whom, functions and decisions have been delegated to.
- b) **Functions and Decision map** - a high level structural chart that sets out which key decisions are delegated and taken by which part or parts of the system. The Functions and Decision map also includes decision making responsibilities that are delegated to the ICB (for example, from NHS England).
- c) **Standing Financial Instructions** – which set out the arrangements for managing the ICB's financial affairs.
- d) **The ICB Governance Handbook** – This brings together all the ICB's governance documents so it is easy for interested people to navigate. It includes:
  - The above documents a) – c);
  - Terms of reference for all committees and sub-committees of the board that exercise ICB functions.

- Delegation arrangements for all instances where ICB functions are delegated, in accordance with section 65Z5 of the 2006 Act, to another ICB, NHS England, an NHS trust, NHS foundation trust, local authority, combined authority or any other prescribed body; or to a joint committee of the ICB and one or those organisations in accordance with section 65Z6 of the 2006 Act.
  - Terms of reference of any joint committee of the ICB and another ICB, NHS England, an NHS trust, NHS foundation trust, local authority, combined authority or any other prescribed body; or to a joint committee of the ICB and one or those organisations in accordance with section 65Z6 of the 2006 Act.
  - Role profiles for board members;
  - Risk Management arrangements;
  - The up-to-date list of eligible providers of primary medical services under clause 3.6.2.
- e) **Key policy documents** - which should also be included in the Governance Handbook or linked to it – including:
- Standards of Business Conduct Policy which contains the Conflicts of Interest policy and procedures;
  - Counter Fraud Policy;
  - Health and Safety Policy.

## 2 Composition of the Board of the ICB

### 2.1 Background

- 2.1.1 The ICB shall consist of members as set out in sections 2.1.3 – 2.2.3 covering mandated members (as per NHS England policy) and locally agreed ordinary members.
- 2.1.2 Further information about the individuals who fulfil these roles can be found on our website <https://nhsglos.nhs.uk/about-us/how-we-work/the-icb-board/member-profiles/>.
- 2.1.3 In accordance with paragraph 3 of Schedule 1B to the 2006 Act, the membership of the ICB (referred to in this Constitution as “the board” and members of the ICB are referred to as “board Members”) consists of:
- a) a Chair
  - b) a Chief Executive
  - c) at least three Ordinary members.

2.1.4 The membership of the ICB (the board) shall meet as a unitary board and shall be collectively accountable for the performance of the ICB's functions.

2.1.5 NHS England Policy requires the ICB to appoint the following additional Ordinary Members:

- a) three executive members, namely:
  - Chief Financial Officer
  - Chief Medical Officer
  - Chief Nursing Officer
- b) at least two Non-Executive Members.

2.1.6 The Ordinary Members include at least three members who will bring knowledge and a perspective from their sectors. These members (known as Partner Members) are nominated by the following and appointed in accordance with the procedures set out in Section 3 below:

- NHS trusts and foundation trusts who provide services within the ICB's area and are of a prescribed description
- the primary medical services (general practice) providers within the area of the ICB and are of a prescribed description
- the local authorities which are responsible for providing Social Care and whose area coincides with or includes the whole or any part of the ICB's area.

While the Partner Members will bring knowledge and experience from their sector and will contribute the perspective of their sector to the decisions of the board, they are not to act as delegates of those sectors.

## 2.2 Board Membership

2.2.1 The ICB has five Partner Members.

- a) A member nominated by NHS Foundation Trusts
- b) A member nominated by NHS Foundation Trusts with knowledge and experience in connection with services relating to the prevention, diagnosis and treatment of mental illness Learning Disabilities and Autism;
- c) A member nominated by Primary Medical Services;
- d) A member nominated by the Local Authority;
- e) A member nominated by the Local Authority that brings the perspective of Population Health and Prevention.

2.2.2 The ICB has also appointed the following further Ordinary Members to the board:

- a) Five Non-executive members;
- b) Two Executive Directors (Director of Strategy and Transformation and Director of People, Culture and Engagement).

2.2.3 The board is therefore composed of the following members:

- a) Chair
- b) Chief Executive
- c) 2 Partner member(s) NHS and Foundation Trusts
- d) 1 Partner member(s) Primary Medical Services
- e) 2 Partner member(s) Local Authorities
- f) 5 Non executive members
- g) Chief Financial Officer
- h) Chief Medical Officer
- i) Chief Nursing Officer
- j) 2 Executive Directors (Director of Strategy and Transformation and Director of People, Culture and Engagement)

2.2.4 The Chair will exercise their function to approve the appointment of the ordinary members with a view to ensuring that at least one of the Ordinary Members will have knowledge and experience in connection with services relating to the prevention, diagnosis and treatment of mental illness.

2.2.5 The board will keep under review the skills, knowledge, and experience that it considers necessary for members of the board to possess (when taken together) in order for the board effectively to carry out its functions and will take such steps as it considers necessary to address or mitigate any shortcoming.

### **2.3 Regular Participants and Observers at Board Meetings**

2.3.1 At the discretion of the Chair, the board may invite specified individuals to be Participants or Observers at its meetings in order to inform its decision-making and the discharge of its functions as it sees fit.

2.3.2 Participants will receive advanced copies of the notice, agenda and papers for board meetings. They may be invited to attend any or all of the board meetings, or part(s) of a meeting by the Chair. Any such person may be invited, at the discretion of the Chair to ask questions and address the meeting but may not vote.

2.3.3 Observers will receive advanced copies of the notice, agenda and papers for board meetings. They may be invited to attend any or all of the board meetings, or part(s) of a meeting by the Chair. Any such person may not address the meeting and may not vote.

2.3.4 Participants and / or observers may be asked to leave the meeting by the Chair in the event that the board passes a resolution to exclude the public as per the Standing Orders.

2.3.5 Participants will be invited to each meeting of the board and will include:

- a) A participant from NHS Foundation Trusts;

- b) A participant from NHS Foundation Trust – with the knowledge and experience in connection with services relating to the prevention, diagnosis and treatment of mental illness Learning Disabilities and Autism;
- c) A participant from Primary Medical Services;
- d) A participant from the Local Authority;
- e) The Chair of the Integrated Care Partnership, known as One Gloucestershire Health and Wellbeing Partnership.

### 3 Appointments Process for the Board

#### 3.1 Eligibility Criteria for Board Membership:

##### 3.1.1 Each member of the ICB must:

- a) Comply with the criteria of the “fit and proper person test”
- b) Be willing to uphold the Seven Principles of Public Life (known as the Nolan Principles);
- c) Fulfil the requirements relating to relevant experience, knowledge, skills and attributes set out in a role specification;
- d) Fulfil the requirements relating to relevant experience, knowledge, skills and attributes set out in the role profiles (see Governance Handbook);
- e) Comply with the requirements of the ICB Standards of Business Conduct policy that includes the Conflicts of Interests policy.

#### 3.2 Disqualification Criteria for Board Membership

##### 3.2.1 A Member of Parliament.

3.2.2 A person whose appointment as a board member (“the candidate”) is considered by the person making the appointment as one which could reasonably be regarded as undermining the independence of the health service because of the candidate’s involvement with the private healthcare sector or otherwise.

3.2.3 A person who, within the period of five years immediately preceding the date of the proposed appointment, has been convicted—

- a) in the United Kingdom of any offence, or
- b) outside the United Kingdom of an offence which, if committed in any part of the United Kingdom, would constitute a criminal offence in that part, and, in either case, the final outcome of the proceedings was a sentence of imprisonment (whether suspended or not) for a period of not less than three months without the option of a fine.

- 3.2.4 A person who is subject to a bankruptcy restrictions order or an interim bankruptcy restrictions order under Schedule 4A to the Insolvency Act 1986, sections 56A to 56K of the Bankruptcy (Scotland) Act 1985 or Schedule 2A to the Insolvency (Northern Ireland) Order 1989 (which relate to bankruptcy restrictions orders and undertakings).
- 3.2.5 A person who, has been dismissed within the period of five years immediately preceding the date of the proposed appointment, otherwise than because of redundancy, from paid employment by any Health Service Body.
- 3.2.6 A person whose term of appointment as the chair, a member, a director or a governor of a health service body, has been terminated on the grounds:
- a) that it was not in the interests of, or conducive to the good management of, the health service body or of the health service that the person should continue to hold that office
  - b) that the person failed, without reasonable cause, to attend any meeting of that health service body for three successive meetings,
  - c) that the person failed to declare a pecuniary interest or withdraw from consideration of any matter in respect of which that person had a pecuniary interest, or
  - d) of misbehaviour, misconduct or failure to carry out the person's duties;
- 3.2.7 A health care professional (within the meaning of section 14N of the 2006 Act) or other professional person who has at any time been subject to an investigation or proceedings, by any body which regulates or licenses the profession concerned ("the regulatory body"), in connection with the person's fitness to practise or any alleged fraud, the final outcome of which was—
- a) the person's suspension from a register held by the regulatory body, where that suspension has not been terminated
  - b) the person's erasure from such a register, where the person has not been restored to the register
  - c) a decision by the regulatory body which had the effect of preventing the person from practising the profession in question, where that decision has not been superseded, or
  - d) a decision by the regulatory body which had the effect of imposing conditions on the person's practice of the profession in question, where those conditions have not been lifted.
- 3.2.8 A person who is subject to—
- a) a disqualification order or disqualification undertaking under the Company Directors Disqualification Act 1986 or the Company Directors Disqualification (Northern Ireland) Order 2002, or
  - b) an order made under section 429(2) of the Insolvency Act 1986 (disabilities on revocation of administration order against an individual).



- 3.2.9 A person who has at any time been removed from the office of charity trustee or trustee for a charity by an order made by the Charity Commissioners for England and Wales, the Charity Commission, the Charity Commission for Northern Ireland or the High Court, on the grounds of misconduct or mismanagement in the administration of the charity for which the person was responsible, to which the person was privy, or which the person by their conduct contributed to or facilitated.
- 3.2.10 A person who has at any time been removed, or is suspended, from the management or control of any body under—
- a) section 7 of the Law Reform (Miscellaneous Provisions) (Scotland) Act 1990(f) (powers of the Court of Session to deal with the management of charities), or
  - b) section 34(5) or of the Charities and Trustee Investment (Scotland) Act 2005 (powers of the Court of Session to deal with the management of charities).

### 3.3 Chair

- 3.3.1 The ICB Chair is to be appointed by NHS England, with the approval of the Secretary of State.
- 3.3.2 In addition to criteria specified at 3.1, this member must fulfil the following additional eligibility criteria
- a) The Chair will be independent.
  - b) Fulfil the eligibility criteria set out in the role profile included in the Governance Handbook.
- 3.3.3 In addition to criteria specified in 3.2, individuals will not be eligible if:
- a) They hold a role in another health and care organisation within the ICB area.
  - b) Any of the disqualification criteria set out in 3.2 apply
- 3.3.4 The term of office for the Chair will be two years followed by a further three years, with the maximum of 2 terms of office.

### 3.4 Chief Executive

- 3.4.1 The Chief Executive will be appointed by the Chair of the ICB in accordance with any guidance issued by NHS England.
- 3.4.2 The appointment will be subject to approval of NHS England in accordance with any procedure published by NHS England.
- 3.4.3 The Chief executive must fulfil the following additional eligibility criteria:

- a) Be an employee of the ICB or a person seconded to the ICB who is employed in the civil service of the State or by a body referred to in paragraph 19(4)(b) of Schedule 1B to the 2006 Act.

#### 3.4.4 Individuals will not be eligible if:

- a) Any of the disqualification criteria set out in 3.2 apply
- b) Subject to clause 3.4.3(a), they hold any other employment or executive role;
- c) If they fail to fulfil the eligibility criteria set out in the role profile contained in the Governance Handbook.

### 3.5 Partner Members - NHS Trusts and Foundation Trusts

3.5.1 These Partner Member are jointly nominated by the NHS trusts and/or FTs which provide services for the purposes of the health service within the ICB's area and meet the forward plan condition or (if the forward plan condition is not met) the level of services provided condition. Those trusts are:

- a) Gloucestershire Hospitals NHS Foundation Trust;
- b) Gloucestershire Health and Care NHS Foundation Trust;
- c) South Western Ambulance Service NHS Foundation Trust.

3.5.2 These members must fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria

- a) Be an Executive Director of one of the NHS Trusts or FTs within the ICB's area;
- b) One shall have knowledge and experience in connection with services relating to the prevention, diagnosis and treatment of mental illness Learning Disabilities and Autism.

3.5.3 Individuals will not be eligible if

- a) Any of the disqualification criteria set out in 3.2 apply;
- b) Failure to comply with the eligibility criteria for board role profiles described in the Governance Handbook.

3.5.4 These member(s) will be appointed by the Appointments Panel subject to the approval of the Chair.

3.5.5 The appointment process will be as follows:

- a) Joint Nomination:
  - When a vacancy arises, each eligible organisation listed at 3.5.1.a will be invited to make 1 nomination.
  - Eligible organisations may nominate individuals from their own organisation or another organisation.
  - All eligible organisations will be requested to confirm whether they jointly agree to nominate the whole list of nominated individuals, with a failure to confirm within 5 working days

being deemed to constitute agreement. If they do agree, the list will be put forward to step b) below. If they don't, the nomination process will be re-run until majority acceptance is reached on the nominations put forward.

- b) Assessment, selection, and appointment is subject to approval of the Chair under c)
  - The full list of nominees will be considered and assessed by a panel convened by the Chief Executive or their nominated deputy.
  - The panel will assess the suitability of the nominees against the requirements of the role (the Partner Role Profiles are contained in the Governance Handbook) and will confirm that nominees meet the requirements set out in clause 3.5.2 and 3.5.3
  - In the event that there is more than one suitable nominee, the panel will select the most suitable for appointment.
- c) Chair's approval
  - The Chair will determine whether to approve the appointment of the most suitable nominee as identified under b).

3.5.6 The term of office for these Partner Member will be 2 years, followed by 3 years and the total number of terms they may serve is 2 terms. For reasons of continuity a further 1 year may be granted in exceptional circumstances.

### **3.6 Partner Member - Providers of Primary Medical Services.**

3.6.1 This Partner Member is jointly nominated by providers of primary medical services for the purposes of the health service within the ICB's area, and that are primary medical services contract holders responsible for the provision of essential services, within core hours to a list of registered persons for whom the ICB has core responsibility

3.6.2 The list of relevant providers of primary medical services for this purpose is published as part of the Governance Handbook. The list will be kept up to date but does not form part of this Constitution.

3.6.3 This member must fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria

- a) Specify any other criteria set out by NHS England's guidance;
- b) Health professionals who provide primary medical services within the ICB area.

3.6.4 Individuals will not be eligible if:

- a) Any of the disqualification criteria set out in 3.2 apply;

- b) Failure to comply with the eligibility criteria for board role profiles described in the Governance Handbook.

3.6.5 This member will be appointed by the Appointments Panel and subject to the approval of the Chair.

3.6.6 The appointment process will be as follows:

- a) Joint Nomination:
- When a vacancy arises, each eligible organisation described at 3.6.1 and listed in the Governance Handbook will be invited to make up to 2 nominations to be sent to ICB Corporate Governance Team.
  - The nomination of an individual must be seconded by **2** other eligible organisations.
  - Eligible organisations may nominate individuals from their own organisation or another organisation
  - All eligible organisations will be requested to confirm whether they jointly agree to nominate the whole list of nominated individuals, with a failure to confirm within 5 working days being deemed to constitute agreement. If they do agree, the list will be put forward to step b) below. If they don't, the nomination process will be re-run. until majority acceptance is reached on the nominations put forward
- b) Assessment, selection, and appointment subject to approval of the Chair under c):
- The full list of nominees will be considered and assessed by a panel convened by the Chief Executive or their nominated deputy.
  - The panel will assess the suitability of the nominees against the requirements of the role (published before the nomination process is initiated) and will confirm that nominees meet the requirements set out in clause 3.6.1, 3.6.2 and 3.6.3.
  - In the event that there is more than one suitable nominee, the panel will select the most suitable for the appointment.
- c) Chair's approval
- The Chair will determine whether to approve the appointment of the most suitable nominee as identified under b).

3.6.7 The term of office for this Partner Member will be 2 years, followed by 3 years and the total number of terms they may serve is 2 terms. For reasons of continuity a further 1 year may be granted in exceptional circumstances.

### 3.7 Partner Members - local authorities

- 3.7.1 This Partner Member is nominated from the local authority whose area coincide with, or include the whole or any part of, the ICB's area. The local authority is:
- (i) Gloucestershire County Council.
- 3.7.2 This member will fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria:
- a) Be the Chief Executive or relevant Executive level role of one of the bodies listed at 3.7.1;
  - b) One partner member shall bring the perspective of population health and prevention;
  - c) Be from a local authority at 3.7.1 which has statutory social care responsibility;
  - d) Specify any other criteria set out by NHS England's guidance.
- 3.7.3 Individuals will not be eligible if
- a) Any of the disqualification criteria set out in 3.2 apply;
  - b) Failure to comply with the eligibility criteria for board role profiles described in the Governance Handbook;
  - c) and any criteria set out in NHS E guidance.
- 3.7.4 This member will be appointed by the Appointments Panel subject to the approval of the Chair.
- 3.7.5 The appointment process will be as follows:
- a) Joint Nomination:
    - When a vacancy arises, each eligible organisation described at 3.7.1 and listed in the Governance Handbook will be invited to make 1 nomination.
    - Eligible organisations may nominate individuals from their own organisation.
    - The eligible organisations will be requested to confirm whether they agree to nominate the whole list of nominated individuals, with a failure to confirm within 5 working days being deemed to constitute agreement. If they do agree, the list will be put forward to step b) below. If they don't, the nomination process will be re-run. until majority acceptance is reached on the nominations put forward
  - b) Assessment, selection, and appointment subject to approval of the Chair under c):
    - The full list of nominees will be considered and assessed by a panel convened by the Chief Executive or their nominated deputy.

- The panel will assess the suitability of the nominees against the requirements of the role (published before the nomination process is initiated) and will confirm that nominees meet the requirements set out in clause 3.7.1 and 3.7.2
  - In the event that there is more than one suitable nominee, the panel will select the most suitable for the appointment.
- c) Chair's approval:
- The Chair will determine whether to approve the appointment of the most suitable nominee as identified under b).

3.7.6 The term of office for these Partner Member will be 2 years, followed by 3 years and the total number of terms they may serve is 2 terms. For reasons of continuity a further 1 year may be granted in exceptional circumstances.

### 3.8 Chief Medical Officer

3.8.1 This member will fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria

- a) Be an employee of the ICB or a person seconded to the ICB who is employed in the civil service of the State or by a body referred to in paragraph 198(4)(b) of Schedule 1B to the 2006 Act;
- b) Be a registered Medical Practitioner;
- c) Specify any other criteria set out by NHS England's guidance.

3.8.2 Individuals will not be eligible if:

- b) Any of the disqualification criteria set out in 3.2 apply;
- c) Failure to comply with the eligibility criteria for board role profiles described in the Governance Handbook;
- d) and any criteria set out in NHS E guidance

3.8.3 This member will be appointed by the Chief Executive subject to the approval of the Chair

### 3.9 Chief Nursing Officer

3.9.1 This member will fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria

- a) Be an employee of the ICB or a person seconded to the ICB who is employed in the civil service of the State or by a body referred to in paragraph 198(4)(b) of Schedule 1B to the 2006 Act;
- b) Be a registered Nurse;
- c) Specify any other criteria set out by NHS England's guidance.

3.9.2 Individuals will not be eligible if:

- a) Any of the disqualification criteria set out in 3.2 apply

- b) Failure to comply with the eligibility criteria for board role profile described in the Governance Handbook;
- c) and any criteria set out in NHS E guidance.

3.9.3 This member will be appointed by the Chief Executive subject to the approval of the Chair.

### 3.10 Chief Financial Officer

3.10.1 This member will fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria

- a) Be an employee of the ICB or a person seconded to the ICB who is employed in the civil service of the State or by a body referred to in paragraph 19(4)(b) of Schedule 1B to the 2006 Act
- b) Shall be a qualified accountant;
- c) and any criteria set out in NHS E guidance.

3.10.2 Individuals will not be eligible if:

- a) Any of the disqualification criteria set out in 3.2 apply;
- b) Failure to comply with the eligibility criteria for board role profiles described in the Governance Handbook;
- c) and any criteria set out in NHS E guidance.

3.10.3 This member will be appointed by the Chief Executive subject to the approval of the Chair.

### 3.11 Non-Executive Members

3.11.1 The ICB will appoint Five Non-Executive Members. One of these members shall be appointed by the Chair as the Vice-Chair.

3.11.2 These members will be appointed by an ICB recruitment panel arranged by the Chief Executive and will be subject to the approval of the Chair.

3.11.3 These members will fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria:

- a) Not be employee of the ICB or a person seconded to the ICB;
- b) Not hold a role in another health and care organisation in the ICS area;
- c) One shall have specific knowledge, skills and experience that makes them suitable for appointment to the Chair of the Audit Committee
- d) Another should have specific knowledge, skills and experience that makes them suitable for appointment to the Chair of the Remuneration Committee

- e) Another should have specific knowledge, skills and experience that makes them suitable for appointment to the Chair of the System Quality Committee;
- f) Specify any other criteria set out by NHS England's guidance.

#### 3.11.4 Individuals will not be eligible if

- a) Any of the disqualification criteria set out in 3.2 apply
- b) They hold a role in another health and care organisation within the ICB area
- c) Failure to comply with the eligibility criteria for board role profiles described in the Governance Handbook.
- d) and any criteria set out in NHS E guidance.

3.11.5 The term of office for a non-executive member will be 2 years followed by 3 years term of office. A further 1 year appointment is permitted in circumstances where continuity of serving members is required.

3.11.6 Initial appointments may be for a shorter period in order to avoid all non-executive members retiring at once. Thereafter, new appointees will ordinarily retire on the date that the individual they replaced was due to retire in order to provide continuity.

3.11.7 Subject to satisfactory appraisal the Chair may approve the re-appointment of a non-executive member up to the maximum number of terms permitted for their role.

### 3.12 Other Board Members

3.12.1 The board shall comprise a further 2 Executive Directors:

- a) Director of Strategy and Transformation;
- b) Director of People, Culture and Engagement.

3.12.2 These members shall fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria:

- a) Be an employee of the ICB or a person seconded to the ICB who is employed in the civil service of the State or by a body referred to in paragraph 19(4)(b) of Schedule 1B to the 2006 Act;
- b) Comply with the role profiles for Executive Director, Board Member as described in the Governance Handbook.

3.12.3 Individuals will not be eligible if:

- a) Any of the disqualification criteria set out in 3.2 apply;
- b) Failure to comply with the eligibility criteria for board role profiles described in the Governance Handbook.

3.12.4 These members will be appointed by the Chief Executive subject to the approval of the Chair.



### 3.13 Board Members: Removal from Office.

3.13.1 Arrangements for the removal from office of board members is subject to the term of appointment, and application of the relevant ICB policies and procedures.

3.13.2 With the exception of the Chair, board members shall be removed from office if any of the following occurs

- a) If they no longer fulfil the requirements of their role or become ineligible for their role as set out in this Constitution, regulations or guidance;
- b) If they fail to attend three consecutive meetings unless agreed with the Chair in extenuating circumstances;
- c) If they are deemed to not meet the expected standards of performance at their annual appraisal;
- d) If they have behaved in a manner or exhibited conduct which has or is likely to be detrimental to the honour and interest of the ICB and is likely to bring the ICB into disrepute. This includes but it is not limited to:
  - i. failing to meet the ICB standards of business conduct;
  - ii. misrepresentation (either knowingly or fraudulently); defamation of any member of the ICB (being slander or libel); abuse of position;
  - iii. non declaration of a known conflict of interest;
  - iv. seeking to manipulate a decision of the ICB in a manner that would ultimately be in favour of that member whether financially or otherwise;
  - v. gross misconduct.
  - vi. are deemed to have failed to uphold the Nolan Principles of Public Life;
  - vii. are subject to disciplinary proceedings by a regulator or professional body.

3.13.3 Members may be suspended pending the outcome of an investigation into whether any of the matters in 3.13.2 apply.

3.13.4 Executive Directors (including the Chief Executive) will cease to be board members if their employment in their specified role ceases, regardless of the reason for termination of the employment.

3.13.5 The Chair of the ICB may be removed by NHS England, subject to the approval of the Secretary of State.

3.13.6 If NHS England is satisfied that the ICB is failing or has failed to discharge any of its functions or that there is a significant risk that the ICB will fail to do so, it may:

- a) terminate the appointment of the ICB's Chief Executive; and

- b) direct the Chair of the ICB as to which individual to appoint as a replacement and on what terms.

### **3.14 Terms of Appointment of Board Members**

3.14.1 With the exception of the Chair and Non-executive members, arrangements for remuneration and any allowances will be agreed by the Remuneration Committee in line with the ICB remuneration policy and any other relevant policies published on <https://nhsglos.nhs.uk/> and any guidance issued by NHS England or other relevant body.

3.14.2 Remuneration for the Chair will be set by NHS England.

3.14.3 Remuneration for Non-executive members will be set by the Remuneration Committee whose membership will have a balance of Non-executives and partner members to allow the committee to effectively discharge its duties, following regional and national guidance and pay frameworks.

3.14.4 Other terms of appointment will be determined by the Remuneration Committee.

3.14.5 Terms of appointment of the Chair will be determined by NHS England.

### **3.15 Specific arrangements for appointment of Ordinary Members made at establishment**

3.15.1 Individuals may be identified as “designate ordinary members” prior to the ICB being established.

3.15.2 Relevant nomination procedures for partner members in advance of establishment are deemed to be valid so long as they are undertaken in full and in accordance with the provisions of 3.5-3.7.

3.15.3 Any appointment and assessment processes undertaken in advance of establishment to identify designate ordinary members should follow, as far as possible, the processes set out in section 3.5-3.12 of this Constitution. However, a modified process, agreed by the Chair, will be considered valid.

3.15.4 On the day of establishment, a committee consisting of the Chair, Chief Executive and the Director of People, Culture and Engagement will appoint the ordinary members who are expected to be all individuals who have been identified as designate appointees pre ICB establishment and the Chair will approve those appointments.

For the avoidance of doubt, this clause is valid only in relation to the appointments of the initial ordinary members and all appointments post establishment will be made in accordance with clauses 3.5 to 3.12.

## 4 Arrangements for the Exercise of our Functions

### 4.1 Good Governance

- 4.1.1 The ICB will, at all times, observe generally accepted principles of good governance. This includes the Nolan Principles of Public Life and any governance guidance issued by NHS England.
- 4.1.2 The ICB has agreed a code of conduct and behaviours which sets out the expected behaviours that members of the board and its committees will uphold whilst undertaking ICB business. It also includes a set of principles that will guide decision making in the ICB. The ICB code of conduct and behaviours is published in the Governance Handbook.

### 4.2 General

- 4.2.1 The ICB will:
- a) comply with all relevant laws including but not limited to the 2006 Act and the duties prescribed within it and any relevant regulations;
  - b) comply with directions issued by the Secretary of State for Health and Social Care
  - c) comply with directions issued by NHS England;
  - d) have regard to statutory guidance including that issued by NHS England; and
  - e) take account, as appropriate, of other documents, advice and guidance issued by relevant authorities, including that issued by NHS England.
  - f) respond to reports and recommendations made by local Healthwatch organisations within the ICB area
- 4.2.2 The ICB will develop and implement the necessary systems and processes to comply with (a)-(f) above, documenting them as necessary in this Constitution, its governance handbook and other relevant policies and procedures as appropriate.

### 4.3 Authority to Act

- 4.3.1 The ICB is accountable for exercising its statutory functions and may grant authority to act on its behalf to:
- a) any of its members or employees
  - b) a committee or sub-committee of the ICB
- 4.3.2 Under section 65Z5 of the 2006 Act, the ICB may arrange with another ICB, an NHS trust, NHS foundation trust, NHS England, a local authority, combined authority or any other body prescribed in Regulations, for the ICB's functions to be exercised by or jointly with that other body or for the

functions of that other body to be exercised by or jointly with the ICB. Where the ICB and other body enters such arrangements, they may also arrange for the functions in question to be exercised by a joint committee of theirs and/or for the establishment of a pooled fund to fund those functions (section 65Z6). In addition, under section 75 of the 2006 Act, the ICB may enter partnership arrangements with a local authority under which the local authority exercises specified ICB functions or the ICB exercises specified local authority functions, or the ICB and local authority establish a pooled fund.

- 4.3.3 Where arrangements are made under section 65Z5 or section 75 of the 2006 Act the board must authorise the arrangement, which must be described as appropriate in the SoRD.

#### 4.4 Scheme of Reservation and Delegation

- 4.4.1 The ICB has agreed a scheme of reservation and delegation (SoRD) which is published in full on the ICB website <https://nhsglos.nhs.uk/>
- 4.4.2 Only the board may agree the SoRD and amendments to the SoRD may only be approved by the board.
- 4.4.3 The SoRD sets out:
- a) those functions that are reserved to the board;
  - b) those functions that have been delegated to an individual or to committees and sub committees;
  - c) those functions delegated to another body or to be exercised jointly with another body, under section 65Z5 and 65Z6 of the 2006 Act
- 4.4.4 The ICB remains accountable for all of its functions, including those that it has delegated. All those with delegated authority are accountable to the board for the exercise of their delegated functions.

#### 4.5 Functions and Decision Map

- 4.5.1 The ICB has prepared a Functions and Decision Map which sets out at a high level its key functions and how it exercises them in accordance with the SoRD.
- 4.5.2 The Functions and Decision Map is published <https://nhsglos.nhs.uk/>
- 4.5.3 The map includes:
- a) Key functions reserved to the board of the ICB
  - b) Commissioning functions delegated to committees and individuals.
  - c) Commissioning functions delegated under section 65Z5 and 65Z6 of the 2006 Act to be exercised by, or with, another ICB, an NHS

- trust, NHS foundation trust, local authority, combined authority or any other prescribed body;
- d) functions delegated to the ICB (for example, from NHS England).

## 4.6 Committees and Sub-Committees

- 4.6.1 The ICB may appoint committees and arrange for its functions to be exercised by such committees. Each committee may appoint sub-committees and arrange for the functions exercisable by the committee to be exercised by those sub-committees.
- 4.6.2 All committees and sub-committees are listed in the SoRD.
- 4.6.3 Each committee and sub-committee established by the ICB operates under terms of reference agreed by the board.-All terms of reference are published on the ICB website <https://nhsglos.nhs.uk/>
- 4.6.4 The board remains accountable for all functions, including those that it has delegated to committees and sub-committees and therefore, appropriate reporting and assurance arrangements are in place and documented in terms of reference. All committees and sub-committees that fulfil delegated functions of the ICB, will be required to have:
- a) Terms of Reference that describe the membership of the committee and the sub-committees that report into that committee. The board of the ICB, shall approve committee terms of reference;
  - b) An annual review of their ToRs;
  - c) Amendments and changes to committee ToRs that shall be approved by the board of the ICB;
  - d) Minutes of board committees reported to the board of the ICB at each of its meetings;
  - e) The Chair of the committee of the board be a board member of the ICB;
  - f) The board committee and sub-committees comply with Internal Audit findings and committee effectiveness reviews.
- 4.6.5 Any committee or sub-committee established in accordance with clause 4.6 may consist of, or include, persons who are not ICB Members or employees.
- 4.6.6 All members of committees and sub-committees that exercise the ICB commissioning functions will be approved by the Chair. The Chair will not approve an individual to such a committee or sub-committee if they consider that the appointment could reasonably be regarded as undermining the independence of the health service because of the candidate's involvement with the private healthcare sector or otherwise.

- 4.6.7 All members of committees and sub-committees are required to act in accordance with this Constitution, including the standing orders as well as the SFIs and any other relevant ICB policy.
- 4.6.8 The following committees will be maintained:
- a) Audit Committee: This committee is accountable to the board and provides an independent and objective view of the ICB's compliance with its statutory responsibilities. The committee is responsible for arranging appropriate internal and external audit. The Audit Committee will be chaired by a Non-executive member (other than the Chair of the ICB) who has the qualifications, expertise, or experience to enable them to express credible opinions on finance and audit matters.
  - b) Remuneration Committee: This committee is accountable to the board for matters relating to remuneration, fees, and other allowances (including pension schemes) for employees and other individuals who provide services to the ICB. The Remuneration Committee will be chaired by a Non-executive member other than the Chair or the Chair of Audit Committee.
- 4.6.9 The terms of reference for each of the above committees are published on the ICB website <https://nhsglos.nhs.uk/>
- 4.6.10 The board has also established a number of other committees to assist it with the discharge of its functions. These committees are set out in the SoRD and further information about these committees, including terms of reference, are published in the governance handbook on ICB website <https://nhsglos.nhs.uk/>

#### **4.7 Delegations made under section 65Z5 of the 2006 Act**

- 4.7.1 As per 4.3.2 The ICB may arrange for any functions exercisable by it to be exercised by or jointly with any one or more other relevant bodies (another ICB, NHS England, an NHS trust, NHS foundation trust, local authority, combined authority or any other prescribed body).
- 4.7.2 All delegations made under these arrangements are set out in the ICB Scheme of Reservation and Delegation and included in the Functions and Decision Map.
- 4.7.3 Each delegation made under section 65Z5 of the Act will be set out in a delegation arrangement which sets out the terms of the delegation. This may, for joint arrangements, include establishing and maintaining a pooled fund. The power to approve delegation arrangements made under this provision will be reserved to the board.

- 4.7.4 The board remains accountable for all the ICB's functions, including those that it has delegated and therefore, appropriate reporting and assurance mechanisms are in place as part of agreeing terms of a delegation and these are detailed in the delegation arrangements, summaries of which will be published on the ICB website <https://nhsglos.nhs.uk/>
- 4.7.5 In addition to any formal joint working mechanisms, the ICB may enter into strategic or other transformation discussions with its partner organisations on an informal basis.

## 5 Procedures for Making Decisions

### 5.1 Standing Orders

- 5.1.1 The ICB has agreed a set of standing orders which describe the processes that are employed to undertake its business. They include procedures for:
- a) conducting the business of the ICB;
  - b) the procedures to be followed during meetings; and
  - c) the process to delegate functions.
- 5.1.2 The Standing Orders apply to all committees and sub-committees of the ICB unless specified otherwise in terms of reference which have been agreed by the board.
- 5.1.3 A full copy of the Standing Orders is included in Appendix 2 and form part of this Constitution.

### 5.2 Standing Financial Instructions (SFIs)

- 5.2.1 The ICB has agreed a set of SFIs which include the delegated limits of financial authority set out in the SoRD.
- 5.2.2 A copy of the SFIs is published on the ICB website <https://nhsglos.nhs.uk/>

## 6 Arrangements for Conflict of Interest Management and Standards of Business Conduct

### 6.1 Conflicts of Interest

- 6.1.1 As required by section 14Z30 of the 2006 Act, the ICB has made arrangements to manage any actual and potential conflicts of interest to ensure that decisions made by the ICB will be taken and seen to be taken without being unduly influenced by external or private interest and do not,

(and do not risk appearing to) affect the integrity of the ICB's decision-making processes.

- 6.1.2 The ICB has agreed policies and procedures for the identification and management of conflicts of interest, which is contained in the ICB's Standards of Business Conduct policy. The policy forms part of the Governance Handbook and is published on the ICB website <https://nhsglos.nhs.uk/>
- 6.1.3 All board, committee and sub-committee members, and employees of the ICB, will comply with the ICB policy on conflicts of interest in line with their terms of office and/ or employment. This will include but not be limited to declaring all interests on a register that will be maintained by the ICB. The ICB will publish the registers of interests on its website <https://nhsglos.nhs.uk/>
- 6.1.4 All delegation arrangements made by the ICB under Section 65Z5 of the 2006 Act will include a requirement for transparent identification and management of interests and any potential conflicts in accordance with suitable policies and procedures comparable with those of the ICB.
- 6.1.5 Where an individual, including any individual directly involved with the business or decision-making of the ICB and not otherwise covered by one of the categories above, has an interest, or becomes aware of an interest which could lead to a conflict of interests in the event of the ICB considering an action or decision in relation to that interest, that must be considered as a potential conflict, and is subject to the provisions of this Constitution, the Conflicts of interest Policy and the Standards of Business Conduct Policy.
- 6.1.6 The ICB has appointed the Audit Chair to be the Conflicts of Interest Guardian. In collaboration with the ICB's governance lead, their role is to:
- a) Act as a conduit for members of the public and members of the partnership who have any concerns with regards to conflicts of interest;
  - b) Be a safe point of contact for employees or workers to raise any concerns in relation to conflicts of interest;
  - c) Support the rigorous application of conflict of interest principles and policies;
  - d) Provide independent advice and judgment to staff and members where there is any doubt about how to apply conflicts of interest policies and principles in an individual situation;
  - e) Provide advice on minimising the risks of conflicts of interest.

## 6.2 Principles

- 6.2.1 In discharging its functions the ICB will abide by the following principles:



- a) Conflicts of Interests shall be dealt within in accordance with the ICB's conflicts of interests policy (contained within the Standards of Business Conduct policy) and NHS England statutory guidance for managing conflicts of interests.
- b) Recognising that the perception of wrongdoing, impaired judgement or undue influence can be as detrimental as any of them actually occurring. If in doubt, it is better to assume the existence of a conflict of interest and manage it appropriately rather than ignore it. For a conflict of interest to exist, financial gain is not necessary.
- c) Being proactive, not reactive – the ICB will seek to identify and minimise the risk of conflicts of interest at the earliest possible opportunity for instance by considering potential conflicts of interest when appointing individuals to join the board or other decision-making bodies, and by ensuring individuals receive proper induction and understand their obligations to declare conflicts of interest.
- d) Being balanced, appropriate and proportionate to the circumstances and context – rules will be clear and robust but not overly prescriptive or restrictive. They should ensure that decision-making processes are transparent and fair whilst not being overly constraining, complex or cumbersome.
- e) Being transparent – the ICB will document the approach and decisions taken at every stage in the decision-making process so that a clear audit trail is evident.
- f) Creating an environment and culture where individuals feel supported and confident in declaring relevant information and raising any concerns.

### 6.3 Declaring and Registering Interests

6.3.1 The ICB maintains registers of the interests of:

- a) Members of the ICB
- b) Members of the board's committees and sub-committees
- c) Its employees

6.3.2 In accordance with section 14Z30(2) of the 2006 Act registers of interest are published on the ICB website <https://nhsglos.nhs.uk/>

6.3.3 All relevant persons as per 6.1.3 and 6.1.5 must declare any conflict or potential conflict of interest relating to decisions to be made in the exercise of the ICB's commissioning functions.

6.3.4 Declarations should be made as soon as reasonably practicable after the person becomes aware of the conflict or potential conflict and in any event within 28 days. This could include interests an individual is pursuing. Interests will also be declared on appointment and during relevant discussion in meetings.

- 6.3.5 All declarations will be entered in the registers as per 6.3.1
- 6.3.6 The ICB will ensure that, as a matter of course, declarations of interest are made and confirmed, or updated at least annually.
- 6.3.7 Interests (including gifts and hospitality) of decision-making staff will remain on the public register for a minimum of six months. In addition, the ICB will retain a record of historic interests and offers/receipt of gifts and hospitality for a minimum of six years after the date on which it expired. The ICB's published register of interests states that historic interests are retained by the ICB for the specified timeframe and details of whom to contact to submit a request for this information.
- 6.3.8 Activities funded in whole or in part by third parties who may have an interest in ICB business such as sponsored events, posts and research will be managed in accordance with the ICB Standards of Business Conduct policy (including Conflicts of Interests policy) to ensure transparency and that any potential for conflicts of interest are well-managed.

## **6.4 Standards of Business Conduct**

- 6.4.1 Board members, employees, committee and sub-committee members of the ICB will at all times comply with this Constitution and be aware of their responsibilities as outlined in it. They should:
- a) act in good faith and in the interests of the ICB;
  - b) follow the Seven Principles of Public Life; set out by the Committee on Standards in Public Life (the Nolan Principles);
  - c) comply with the ICB Standards of Business Conduct Policy, and any requirements set out in the policy for managing conflicts of interest.
- 6.4.2 Individuals contracted to work on behalf of the ICB or otherwise providing services or facilities to the ICB will be made aware of their obligation to declare conflicts or potential conflicts of interest. This requirement will be written into their contract for services and is also outlined in the ICB's Standards of Business Conduct policy.

## **7 Arrangements for ensuring Accountability and Transparency**

### **7.1 Accountability**

- 7.1.1 The ICB will demonstrate its accountability to local people, stakeholders and NHS England in a number of ways, including by upholding the requirement

for transparency in accordance with paragraph 11(2) of Schedule 1B to the 2006 Act.

## 7.2 Principles

- 7.2.1 We will act with honesty and integrity and solely in terms of patients and public interests.
- 7.2.2 We will make collective decisions in an open and transparent manner that best serve the interests of our local population in Gloucestershire.
- 7.2.3 We adhere to a collective model of accountability, where we hold each other mutually accountable for respective contributions to shared priorities and strategic objectives.
- 7.2.4 We will demonstrate this by:
- a) holding meetings of the ICB board in public with exception to 7.3;
  - b) board meeting dates, times, venues, and papers will be published on the ICB's website, including notice of the AGM;
  - c) holding an Annual General Meeting (AGM) where the Annual Report will be adopted.
- 7.2.5 We will publish on the ICB website:
- a) Constitution;
  - b) Governance Handbook including the SoRD;
  - c) Agreed System Plan;
  - d) Annual Report inclusive of the annual accounts;
  - e) Registers of interests;
  - f) Procurement decisions;
  - g) Notices of procurements, public consultations, and forthcoming meetings.
- 7.2.6 Key policies such as the Standards of Business Conduct (conflict of interests policy) and Complaints Policy, Patient and Public Engagement strategy and policy;
- 7.2.7 Freedom of Information Publication Scheme - the above documents and notices will also be available on request from the ICB.

## 7.3 Meetings and publications

- 7.3.1 Board meetings, and committees composed entirely of board members or which include all board members will be held in public except where a resolution is agreed to exclude the public on the grounds that it is believed to not be in the public interest.
- 7.3.2 Papers and minutes of all meetings held in public will be published.

- 7.3.3 Annual accounts will be externally audited and published.
- 7.3.4 A clear complaints process will be published.
- 7.3.5 The ICB will comply with the Freedom of Information Act 2000 and with the Information Commissioner Office requirements regarding the publication of information relating to the ICB.
- 7.3.6 Information will be provided to NHS England as required.
- 7.3.7 The Constitution and governance handbook will be published as well as other key documents including but not limited to:
- a) Standards of Business Conduct Policy including the Conflicts of Interest policy and procedures;
  - b) Scheme of Reservation and Delegation;
  - c) Standing Financial Instructions;
  - d) Registers of interests;
  - e) Key policies.
- 7.3.8 The ICB will publish, with our partner NHS trusts and NHS foundation trusts, a plan at the start of each financial year that sets out how the ICB proposes to exercise its functions during the next five years. The plan will explain how the ICB proposes to discharge its duties under:
- a) sections 14Z34 to 14Z45 (general duties of integrated care boards);
  - b) sections 223GB and 223N (financial duties);
  - c) proposed steps to implement the Gloucestershire Joint Local Health and Wellbeing Strategy.

## 7.4 Scrutiny and Decision Making

- 7.4.1 At least three Non-executive members will be appointed to the board including the Chair; and all of the board and committee members will comply with the Nolan Principles of Public Life and meet the criteria described in the Fit and Proper Person Test.
- 7.4.2 Healthcare services will be arranged in a transparent way, and decisions around who provides services will be made in the best interests of patients, taxpayers and the population, in line with the rules set out in the NHS Provider Selection Regime.
- 7.4.3 The ICB will comply with the requirements of the NHS Provider Selection Regime including complying with existing procurement rules until the provider selection regime comes into effect. This will also include:
- a) evidencing that it has properly exercised the responsibilities conferred on it by the regime by:

- publishing the intended selection approach in advance;
  - publishing the outcome of decisions made and the details of contracts awarded;
- b) keeping a record of decisions made under the regime, including evidence that all relevant issues and criteria have been considered and that the reasons for any decision are clearly justified;
  - c) recording how conflicts of interest were managed;
  - d) monitoring compliance with this regime via an annual internal audit processes the results of which will be published;
  - e) including in the annual report a summary of contracting activity as specified by the regime;
  - f) ensuring that appropriate internal governance mechanisms are in place to deal with representations made against provider selection decisions and that any such representations are considered fairly and impartially within the timescales prescribed.

The ICB will comply with local authority Health Overview and Scrutiny requirements.

## 7.5 Annual Report

7.5.1 The ICB will publish an annual report in accordance with any guidance published by NHS England and which sets out how it has discharged its functions and fulfilled its duties in the previous financial year. An annual report must in particular:

- a) explain how the ICB has discharged its duties under section 14Z34 to 14Z45 and 14Z49 (general duties of integrated care boards);
- b) review the extent to which the ICB has exercised its functions in accordance with the plans published under section 14Z52 (forward plan) and section 14Z56 (capital resource use plan);
- c) review the extent to which the ICB has exercised its functions consistently with NHS England's views set out in the latest statement published under section 13SA(1) (views about how functions relating to inequalities information should be exercised), and
- d) review any steps that the ICB has taken to implement any joint local health and wellbeing strategy to which it was required to have regard under section 116B(1) of the Local Government and Public Involvement in Health Act 2007.

## 8 Arrangements for Determining the Terms and Conditions of Employees

- 8.1.1 The ICB may appoint employees, pay them remuneration and allowances as it determines and appoint staff on such terms and conditions as it determines.
- 8.1.2 The board has established a Remuneration Committee which is chaired by a Non-Executive member other than the Chair or Audit Chair.
- 8.1.3 The membership of the Remuneration Committee is determined by the board. No employees may be a member of the Remuneration Committee but the board ensures that the Remuneration Committee has access to appropriate advice by:
- a) Professional Human Resources advice and support;
  - b) Professional advice on remuneration frameworks;
  - c) Legal advice from the ICB's lawyers in relation to employment law.
- 8.1.4 The board may appoint independent members or advisers to the Remuneration Committee who are not members of the board.
- 8.1.5 The main purpose of the Remuneration Committee is to exercise the functions of the ICB regarding remuneration included in paragraphs 18 to 20 of Schedule 1B to the 2006 Act. The terms of reference agreed by the board are published in the Governance Handbook <https://nhsglos.nhs.uk/>
- 8.1.6 The duties of the Remuneration Committee include
- a) Agreeing the ICB salaries policy and standard terms and conditions for employees;
  - b) Setting remuneration, allowances, terms and conditions for board members;
  - c) Setting any allowances for members of committees and sub-committees of the ICB who are not members of the board.
- 8.1.7 The ICB may make arrangements for a person to be seconded to serve as a member of the ICB's staff in line with the ICB Secondment Policy.

## 9 Arrangements for Public Involvement

- 9.1.1 In line with section 14Z54(2) of the 2006 Act the ICB has made arrangements to secure that individuals to whom services which are, or are to be, provided pursuant to arrangements made by the ICB in the exercise of its functions, and their carers and representatives, are involved (whether by being consulted or provided with information or in other ways) in:

- a) the planning of the commissioning arrangements by the Integrated Care Board;
- b) the development and consideration of proposals by the ICB;
- c) for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals (at the point when the service is received by them), or the range of health services available to them, and
- d) decisions of the ICB affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

9.1.2 In line with section 14Z54 of the 2006 Act the ICB has made arrangements to consult its population on its system plan in line with its policy on Public Involvement.

9.1.3 The ICB has adopted the ten principles set out by NHS England for working with people and communities.

- a) Put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS;
- b) Start engagement early when developing plans and feed back to people and communities how it has influenced activities and decisions;
- c) Understand your community's needs, experience and aspirations for health and care, using engagement to find out if change is having the desired effect;
- d) Build relationships with excluded groups – especially those affected by inequalities;
- e) Work with Healthwatch and the voluntary, community and social enterprise sector as key partners;
- f) Provide clear and accessible public information about vision, plans and progress to build understanding and trust;
- g) Use community development approaches that empower people and communities, making connections to social action;
- h) Use co-production, insight and engagement to achieve accountable health and care services;
- i) Co-produce and redesign services and tackle system priorities in partnership with people and communities;
- j) Learn from what works and build on the assets of all partners in the ICS – networks, relationships, activity in local places.

9.1.4 These principles will be used when developing and maintaining arrangements for engaging with people and communities.

9.1.5 In addition the ICB has agreed the following arrangements, including:

- a) implementing a system-wide strategy for working with people and communities which will ensure adoption of the 10 principles throughout Gloucestershire;
- b) working with partners across the ICS to develop arrangements for ensuring that the Integrated Care Partnership (ICP) and locality-based partnerships continuously engage with local people and in developing, reviewing and evaluations strategies and plans;
- c) gathering intelligence about the experience and aspirations of people who use care and support and embedding clear approaches to using these insights to inform decision-making and system governance;
- d) publish our Working with People and Communities Strategy on the ICB website [weblink] and confirm our commitment to adopting the ten national principles within the Governance Handbook.

9.1.6 The ICB will ensure that ICS partners adopt an integrated approach to communications, using established and innovative methodologies and infrastructure. This will:

- a) ensure One Gloucestershire ICS applies best practice principles in developing its communication and engagement infrastructure and associated activity;
- b) ensure the One Gloucestershire ICS strategic plans and programmes are supported by comprehensive communications and involvement activities tailored to the needs of each audience.

9.1.7 The ICB will establish and maintain a range of opportunities for the following groups (a-f) to inform the development and delivery of the system-wide strategy for working with people and communities:

- a) Local residents, people who access care and support (and those who do not), unpaid carers and families;
- b) Healthwatch;
- c) VCSE partners;
- d) Leaders in our system who will champion and embed this work;
- e) Involvement, experience and communications practitioners employed by all system partners;
- f) NHS non-executives, foundation trust members and governors, local government councillors.

9.1.8 The ICB strategy, plans and involvement activities will build on existing local good practice derived from the approaches of ICS partners, as well as seeking to drive innovation and new knowledge in public and community involvement.



## Appendix 1: Definitions of Terms Used in This Constitution

2006 Act	National Health Service Act 2006, as amended by the Health and Social Care Act 2012 and the Health and Care Act 2022
ICB board	Members of the ICB
Area	The geographical area that the ICB has responsibility for, as defined in part 2 of this Constitution
Committee	A committee created and appointed by the ICB board.
Sub-Committee	A committee created and appointed by and reporting to a committee.
Integrated Care Partnership	The joint committee for the ICB's area established by the ICB and each responsible local authority whose area coincides with or falls wholly or partly within the ICB's area.
Place-Based Partnership	Place-based partnerships are collaborative arrangements responsible for arranging and delivering health and care services in a locality or community. They involve the Integrated Care Board, local government and providers of health and care services, including the voluntary, community and social enterprise sector, people and communities, as well as primary care provider leadership, represented by Primary Care Network clinical directors or other relevant primary care leaders.
Ordinary Member	The board of the ICB will have a Chair and a Chief Executive plus other members. All other members of the board are referred to as Ordinary Members.
Partner Members	Some of the Ordinary Members will also be Partner Members. Partner Members bring knowledge and a perspective from their sectors and are appointed in accordance with the procedures set out in Section 3 having been nominated by the following: <ul style="list-style-type: none"> <li>• NHS trusts and foundation trusts who provide services within the ICB's area and are of a prescribed description</li> <li>• the primary medical services (general practice) providers within the area of the ICB and are of a prescribed description</li> <li>• the local authorities which are responsible for providing Social Care and whose area coincides with or includes the whole or any part of the ICB's area.</li> </ul>

Chief Medical Officer	The lead executive medical officer within the ICB.
Chief Finance Officer	The executive director with responsibility for financial leadership within the ICB.
Chief Nursing Officer	The lead executive nurse within the ICB.
Eligible organisations	This refers to all partner members eligible to nomination for a given partner appointment. Eligible nominators are listed in sections 3.5.1 and 3.7.1
Health Service Body	Health service body as defined by section 9(4) of the NHS Act 2006 or (b) NHS Foundation Trusts.
<i>The ICB will add local definitions as required and always include any local terms that refer to legally prescribed roles or functions.</i>	

## Standing Orders

### 1. Introduction

- 1.1. These Standing Orders have been drawn up to regulate the proceedings of NHS Gloucestershire Integrated Care Board so that the ICB can fulfil its obligations as set out largely in the 2006 Act (as amended). They form part of the ICB's Constitution.

### 2. Amendment and review

- 2.1. The Standing Orders are effective from 01 July 2022.
- 2.2. Standing Orders will be reviewed on an annual basis or sooner if required.
- 2.3. Amendments to these Standing Orders will be made as per 1.6 of the Constitution.
- 2.4. All changes to these Standing Orders will require an application to NHS England for variation to the ICB Constitution and will not be implemented until the Constitution has been approved.

### 3. Interpretation, application and compliance

- 3.1. Except as otherwise provided, words and expressions used in these Standing Orders shall have the same meaning as those in the main body of the ICB Constitution and as per the definitions in Appendix 1.
- 3.2. These standing orders apply to all meetings of the board, including its committees and sub-committees unless otherwise stated. All references to board are inclusive of committees and sub-committees unless otherwise stated.
- 3.3. All members of the board, members of committees and sub-committees and all employees, should be aware of the Standing Orders and comply with them. Failure to comply may be regarded as a disciplinary matter.
- 3.4. In the case of conflicting interpretation of the Standing Orders, the Chair, supported with advice from Associate Director of Corporate Affairs will provide a settled view which shall be final.
- 3.5. All members of the board, its committees and sub-committees and all employees have a duty to disclose any non-compliance with these Standing Orders to the Chief Executive as soon as possible.

- 3.6. If, for any reason, these Standing Orders are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance, shall be reported to the next formal meeting of the board for action or ratification and the Audit Committee for review.

#### **4. Meetings of the Integrated Care Board**

##### **4.1 Calling Board Meetings**

- 4.1.1. Meetings of the board of the ICB shall be held at regular intervals at such times and places as the ICB may determine.
- 4.1.2. In normal circumstances, each member of the board will be given not less than one month's notice in writing of any meeting to be held. However:
- a) The Chair may call a meeting at any time by giving not less than 14 calendar days' notice in writing.
  - b) One third of the members of the board may request the Chair to convene a meeting by notice in writing, specifying the matters which they wish to be considered at the meeting. If the Chair refuses, or fails, to call a meeting within seven calendar days of such a request being presented, the board members signing the requisition may call a meeting by giving not less than 14 calendar days' notice in writing to all members of the board specifying the matters to be considered at the meeting.
  - c) In emergency situations the Chair may call a meeting with two days' notice by setting out the reason for the urgency and the decision to be taken.
- 4.1.3. A public notice of the time and place of the meeting to be held in public and how to access the meeting shall be given by posting it at the offices of the ICB body and electronically at least three clear days before the meeting or, if the meeting is convened at shorter notice, then at the time it is convened.
- 4.1.4. The agenda and papers for meetings to be held in public will be published electronically in advance of the meeting excluding, if thought fit, any item likely to be addressed in part of a meeting is not likely to be open to the public.

##### **4.2 Chair of a meeting**

- 4.2.1 The Chair of the ICB shall preside over meetings of the board.

- 4.2.2 If both the Chair and the Vice-Chair are unable to participate in a meeting or part of a meeting the Chair shall be a Non-executive Director who does not have a conflict of interest. Should Non-executive Directors have a conflict of interest that preclude them from Chairing and or taking part in the meeting, a Partner member shall be nominated by the ICB Chair.
- 4.2.3 The board shall appoint a Chair to all committees and sub-committees that it has established. The appointed committee or sub-committee Chair will preside over the relevant meeting. Terms of reference for committees and sub-committees will specify arrangements for occasions when the appointed Chair is absent.
- 4.3 Agenda, supporting papers and business to be transacted
- 4.3.1 The agenda for each meeting will be drawn up and agreed by the Chair of the meeting, in discussion with the Chief Executive.
- 4.3.2 Except where the emergency provisions apply, supporting papers for all items must be submitted at least seven calendar days before the meeting takes place. The agenda and supporting papers will be circulated to all members of the board at least five calendar days before the meeting.
- 4.3.3 Agendas and papers for meetings open to the public, including details about meeting dates, times and venues, will be published on the ICB's website at <https://nhsglos.nhs.uk/>
- 4.4 Petitions
- 4.4.1 The board shall receive questions from the public at least 3 calendar days before the board meeting. Questions will be submitted in line with the ICB's protocol for public questions, deputations and petitions which is available on the ICB's website. The Corporate Governance Department shall establish and maintain this protocol.
- 4.4.2 Where a petition has been received by the ICB it shall be included as an item for the agenda of the next meeting of the board.
- 4.5 Nominated Deputies
- 4.5.1 With the permission of the person presiding over the meeting, the Executive Directors and the Partner Members of the board may nominate a deputy to attend a meeting of the board that they are unable to attend. The deputy may speak and vote on their behalf.
- 4.5.2 The substantive office holder shall confirm their nomination of a deputy in writing to the person presiding over the meeting in advance of the meeting.

4.5.3 The decision of person presiding over the meeting regarding authorisation of nominated deputies is final.

4.6 Virtual attendance at meetings

4.6.1 The board of the ICB and its committees and sub-committees may meet virtually using telephone, video and other electronic means when necessary, unless the terms of reference prohibit this.

4.7 Quorum

4.7.1 The quorum for meetings of the board will be 8 members, including:

- a) Three of the six Non executive members (including Chair or Vice Chair);
- b) Two of the six executive members (including Chief Executive or Deputy);
- c) Either the Chief Nursing Officer or Chief Medical Officer;
- d) Two of five of the partner members.

4.7.2 For the avoidance of doubt:

- a) No person can act in more than one capacity when determining the quorum.
- b) An individual who has been disqualified from participating in a discussion on any matter and/or from voting on any motion by reason of a declaration of a conflict of interest, shall no longer count towards the quorum.

4.7.3 For all committees and sub-committees, the details of the quorum for these meetings and status of deputies are set out in the appropriate terms of reference.

4.8 Vacancies and defects in appointments

4.8.1 The validity of any act of the ICB is not affected by any vacancy among members or by any defect in the appointment of any member.

4.8.2 In the event of vacancy or defect in appointment the following temporary arrangement for quorum will apply: The quorum will be based on 6 members to include:

- a) Either the Chief Executive or the Chair;
- b) Either the Chief Medical Officer or the Chief Nursing Officer;
- c) At least one Non-Executive Director;
- d) At least one Partner Member.

## 4.9 Decision making

- 4.9.1 The ICB has agreed to use a collective model of decision-making that seeks to find consensus between system partners and make decisions based on unanimity as the norm, including working through difficult issues where appropriate.
- 4.9.2 Generally it is expected that decisions of the ICB will be reached by consensus. Should this not be possible then a vote will be required. The process for voting, which should be considered a last resort, is set out below:
- a) All members of the board who are present at the meeting will be eligible to cast one vote each. Where required the Chair shall have a casting vote.
  - b) In no circumstances may an absent member vote by proxy. Absence is defined as being absent at the time of the vote but this does not preclude anyone attending by teleconference or other virtual mechanism from participating in the meeting, including exercising their right to vote if eligible to do so.
  - c) For the sake of clarity, any additional Participants and Observers (as detailed within paragraphs 2.3 of the Constitution) will not have voting rights.
  - d) A resolution will be passed if more votes are cast for the resolution than against it.
  - e) If an equal number of votes are cast for and against a resolution, then the Chair (or in their absence, the person presiding over the meeting) will have a second and casting vote.
  - f) Should a vote be taken, the outcome of the vote, and any dissenting views, must be recorded in the minutes of the meeting.
- 4.9.3 Disputes - Where helpful, the board may draw on third party support to assist them in resolving any disputes, such as peer review or support from NHS England.
- 4.9.4 Urgent decisions - In the case of urgent decisions and extraordinary circumstances, every attempt will be made for the board to meet virtually. Where this is not possible the following will apply.
- 4.9.5 The powers which are reserved or delegated to the board, may for an urgent decision be exercised by the Chair and Chief Executive (or relevant lead director in the case of committees) subject to every effort having been made to consult with as many members as possible in the given circumstances.
- 4.9.6 The exercise of such powers shall be reported to the next formal meeting of the board for formal ratification and the Audit Committee for oversight.

#### 4.10 Minutes

- 4.10.1 The names and roles of all members present shall be recorded in the minutes of the meetings.
- 4.10.2 The minutes of a meeting shall be drawn up and submitted for agreement at the next meeting where they shall be signed by the person presiding at it.
- 4.10.3 No discussion shall take place upon the minutes except upon their accuracy or where the person presiding over the meeting considers discussion appropriate.
- 4.10.4 Where providing a record of a meeting held in public, the minutes shall be made available to the public.

#### 4.11 Admission of public and the press

- 4.11.1 In accordance with Public Bodies (Admission to Meetings) Act 1960 All meetings of the board and all meetings of committees which are comprised of entirely board members or all board members, at which public functions are exercised will be open to the public.
- 4.11.2 The board may resolve to exclude the public from a meeting or part of a meeting where it would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.
- 4.11.3 The person presiding over the meeting shall give such directions as he/she thinks fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the board's business shall be conducted without interruption and disruption.
- 4.11.4 As permitted by Section 1(8) Public Bodies (Admissions to Meetings) Act 1960 as amended from time to time) the public may be excluded from a meeting suppress or prevent disorderly conduct or behaviour.
- 4.11.5 Matters to be dealt with by a meeting following the exclusion of representatives of the press, and other members of the public shall be confidential to the members of the board.



## 5. Suspension of Standing Orders

- 5.1 In exceptional circumstances, except where it would contravene any statutory provision or any direction made by the Secretary of State for Health and Social Care or NHS England, any part of these Standing Orders may be suspended by the Chair in discussion with at least 2 other members.
- 5.2 A decision to suspend Standing Orders together with the reasons for doing so shall be recorded in the minutes of the meeting.
- 5.3 A separate record of matters discussed during the suspension shall be kept. These records shall be made available to the Audit Committee for review of the reasonableness of the decision to suspend Standing Orders.

## 6. Use of seal and authorisation of documents

- 6.1 The ICB shall have a seal for executing documents where necessary.
- 6.2 The following individuals or officers are authorised to authenticate its use by their signature; two signatures are required to do so, one of which is to be either the Chief Executive or the Director of Finance:
- a) Chief Executive;
  - b) the Chair of the Integrated Care Board;
  - c) the Vice-Chair of the Integrated Care Board; and
  - d) the Chief Financial Officer.
- 6.3 The following individuals are authorised to execute a document on behalf of the ICB by their signature; two signatures are required to do so, one of which is to be either the Chief Executive or the Chief Finance Officer:
- a) Chief Executive;
  - b) the Chair of the Integrated Care Board;
  - c) the Vice-Chair of the Integrated Care Board; and
  - d) the Chief Financial Officer.



Agenda Item 7a-f

**Integrated Care Board**

**1 July 2022**

<b>Report Title</b>	<b>Committee Terms of Reference</b>			
	<ul style="list-style-type: none"> <li>• Audit Committee</li> <li>• Remuneration Committee</li> <li>• Primary Care &amp; Direct Commissioning Committee</li> <li>• People Committee</li> <li>• Quality Committee</li> <li>• System Resources Committee</li> </ul>			
<b>Purpose (X)</b>	<b>For Information</b>		<b>For Discussion</b>	<b>For Decision</b>
				<b>Approval</b>
<b>Route to this meeting</b>	There has been wide engagement with internal and external partners on the Terms of Reference (ToRs) for ICB Committees. The Committee ToRs were also submitted to NHSEI as part of the governance submission process.			
	<b>ICB Internal</b>	<b>Date</b>	<b>System Partner</b>	<b>Date</b>
	ICB Star Chamber involving NEDs, Chair and Executives	February 2022	ToR made available via Review Hub	May 2022
<b>Executive Summary</b>	During the early part of this year and through to May the Terms of Reference for the ICB Committee have been developed with input from the Chairs of the respective committees, executive leads for the committees and the Chief Executive and the Chair. A star chamber event was held in February attended by those above to discuss the remit and jurisdiction of the committee and how they would operate in the ICB with an assurance and strategic focus. The ToRs were included in the review hub to allow system partners to provide comment and feedback.			

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<p><b>Key Issues to note</b></p>	<p>The committees are chaired by ICB NEDs as follows:</p> <ul style="list-style-type: none"> <li>• Audit Committee – Julie Soutter</li> <li>• Remuneration Committee – Clive Lewis</li> <li>• Primary Care Commissioning Committee – Colin Greaves</li> <li>• People Committee – Clive Lewis</li> <li>• Quality Committee – Professor Jane Cummings</li> <li>• System Resources Committee – Professor Jo Coast</li> </ul> <p>It should be noted that the Remuneration ToRs have been slightly amended since posting on the Review Hub to reflect a change in membership which will allow for the committee to be quorate, by stating that the membership shall consist of one NED Chair of the Board of one of the main Provider partner organisations, rather than two partner NEDs (allowing for this position to be filled by either main provider as required). Additionally in situations where the Remuneration Committee determines the remuneration of ICB Non-Executive Member, the membership of the committee shall be: One NED Chair of the partner organisations who shall assume the position of Chair and the Chair of the ICB. This will safeguard any conflicts of interests.</p> <p>Within in the Audit Committee ToRs there is a statement that the Chair of the Audit Committee shall be the nominated Conflicts of Interest Guardian. The Board is therefore requested to approve that appointment.</p>			
<p><b>Key Risks:</b></p> <p><b>Original Risk (CxL)</b> <b>Residual Risk (CxL)</b></p>	<p>Without Committee ToRs which provide the framework in which the committee operates there would be no ICB committees providing an assurance and strategic function for the ICB.</p> <p>(4x3) 12</p> <p>The development of ToRs has reduced this risk considerably to:</p> <p>(4x1) 4 (residual meaning accepted risk)</p>			
<p><b>Management of Conflicts of Interest</b></p>	<p>The Terms of Reference have been developed with the involvement and engagement of the ICB Chair, CEO, NEDs and Executives as well as governance staff and system partners. There are no conflicts of interests as this has been collaborative process following national guidelines and best practice.</p>			
<p><b>Resource Impact (X)</b></p>	<p><b>Financial</b></p>		<p><b>Information Management &amp; Technology</b></p>	
	<p><b>Human Resource</b></p>		<p><b>Buildings</b></p>	
<p><b>Financial Impact</b></p>	<p>N/A</p>			
<p><b>Regulatory and Legal Issues (including NHS Constitution)</b></p>	<p>Each committee ToRs include statements relating to compliance with relevant regulations and laws.</p>			
<p><b>Impact on Health Inequalities</b></p>	<p>Committee ToRs are not directly about patients, but the committees will cover patient care and issues related to health inequalities such as System Resources, Quality Committee and People Committee etc.</p>			

<b>Impact on Equality and Diversity</b>	<p>Within the ToRs for the committees there is a commitment that members of the committee must demonstrably consider the equality, diversity and inclusion implications of decisions they make.</p> <p>The People Committee is accountable to the ICB for all matters relating to the development of the System People Strategy and associated plans and for delivery of the Equality, Diversity and Inclusion (EDI) agenda and objectives.</p> <p>The Quality Committee shall scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for equality and diversity as it applies to people drawing on services.</p>		
<b>Impact on Sustainable Development</b>	<p>The System Resources Committee has specific duties related to sustainability as follows:</p> <p>to oversee the development of an approach with partners, including the ICB health and care partnership, to ensure the relationship between cost, performance, quality and <b>environment sustainability</b> are understood.</p>		
<b>Patient and Public Involvement</b>	N/A		
<b>Recommendation</b>	<p>The Board is requested to:</p> <p>Approve the following ToRs</p> <ul style="list-style-type: none"> <li>• Audit Committee</li> <li>• Remuneration Committee</li> <li>• Primary Care &amp; Direct Commissioning Committee</li> <li>• People Committee</li> <li>• Quality Committee</li> <li>• System Resources Committee</li> </ul> <p>Approve that the Chair of the Audit Committee (Julie Soutter) shall be the Conflicts of Interest Guardian the Conflicts of Interests Guardian</p>		
<b>Author</b>	Helen England Christina Gradowski Dan Corfield	<b>Role Title</b>	
<b>Sponsoring Director (if not author)</b>	Mary Hutton, Chief Executive Officer.		

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<b>Glossary of Terms</b>	<b>Explanation or clarification of abbreviations used in the paper</b>
ICS	Integrated Care System
ICB	Integrated Care Board
GHC	Gloucestershire Health & Care Foundation Trust
GHFT	Gloucestershire Hospitals NHS Foundation Trust
GCC	Gloucestershire County Council
VCSE	Voluntary, Community and Social Enterprise



# NHS Gloucestershire Integrated Care Board

## **Audit Committee Terms of Reference**

v1.0  
1<sup>st</sup> July 2022

## **1. Introduction**

- 1.1 The Audit Committee (the Committee) is established by the Integrated Care Board (the Board or ICB) as a Committee of the Board in accordance with its Constitution.
- 1.2 These Terms of Reference (ToR), which must be published on the ICB website, set out the membership, the remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the Board.
- 1.3 The Committee is a non-executive committee of the Board and its members, including those who are not members of the Board, are bound by the Standing Orders and other policies of the ICB.

## **2. Introduction**

- 2.1 The Committee shall contribute to the overall delivery of the ICB objectives by providing oversight and assurance to the Board on the adequacy of governance, risk management and internal control processes within the ICB.
- 2.2 The Committee shall critically review the Integrated Care Board's financial reporting and internal control principles and ensure an appropriate relationship with both internal and external auditors, and counter fraud is maintained.
- 2.3 The duties of the Committee will be driven by the organisation's objectives and the associated risks. An annual programme of business will be agreed before the start of the financial year; however, this will be flexible to new and emerging priorities and risks.
- 2.4 The Audit Committee has no executive powers, other than those delegated in the Scheme of Reservation and Delegation and specified in these terms of reference.
- 2.5 For the avoidance of doubt, the Committee will comply with, the ICB Standing Orders, Standing Financial Instructions and the SoRD.

## **3. Delegated Authority**

- 3.1 The Audit Committee is a formal committee of the ICB. The Board has delegated authority to the Committee as set out in the Scheme of Reservation and Delegation and may be amended from time to time.

- 3.2 The Audit Committee is authorised by the Integrated Care Board to:
- Seek any information it requires within its remit, from any employee or member of the ICB (who are directed to co-operate with any request made by the Committee) as outlined in these terms of reference;
  - Commission any reports it deems necessary to help fulfil its obligations;
  - Obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary to fulfil its functions. In doing so the Committee must follow any procedures put in place by the ICB for obtaining legal or professional advice.
- 3.3 The Audit Committee holds only those powers as delegated in these Terms of Reference as determined by the ICB Board

#### 4. Membership and Structure

##### 4.1 Membership

- 4.1.1 The Committee members shall be appointed by the Board in accordance with the ICB Constitution.
- 4.1.2 The Board will appoint no fewer than five members of the Committee including:
- Committee Chair who shall be an Independent Non-Executive Director of the ICB who shall not be the Chair of the System Resources Committee;
  - Independent Non-Executive Director of the ICB;
  - One Non-Executive Director from each of the main system Provider partners who chairs their respective Audit Committees.
  - Primary Care representative.
- 4.1.3 Neither the Chair of the Board, nor employees of the ICB will be members of the Committee. Other members of the Committee need not be members of the Board, but they may be.
- 4.1.4 Members will possess between them knowledge, skills and experience in: accounting, risk management, internal, external audit; and technical or specialist issues pertinent to the ICB's business. When determining the membership of the Committee, active consideration will be made to diversity and equality.

## 4.2 Chair and vice chair

- 4.2.1 The Chair of the Committee shall be independent and therefore may not chair any other committees.
- 4.2.2 Committee members may appoint a Vice Chair who shall be an Independent Non-Executive Director of the ICB.
- 4.2.3 The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these ToR in consultation with the Chief Financial Officer.

## 4.3 Attendees and Participants

- 4.3.1 Only members of the Committee have the right to attend Committee meetings, however all meetings of the Committee will also be attended by the following individuals who are not members of the Committee:
- Chief Financial Officer of the ICB or their nominated deputy;
  - Associate Director of Corporate Affairs with the remit for governance;
  - Governance team members who cover risk management and conflicts of interests;
  - Representative of Gloucestershire Counter Fraud Service;
  - Representative of the ICB Auditor firm.
- 4.3.2 The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.
- 4.3.3 Other individuals may be invited to attend all or part of any meeting as and when appropriate to assist it with its discussions on any particular matter including representatives from the Health and Wellbeing Board(s), Secondary and Community Providers.
- 4.3.4 The Chief Executive should be invited to attend the meeting at least annually.
- 4.3.5 The Chair of the ICB may also be invited to attend one meeting each year in order to gain an understanding of the Committee's operations.

## 4.4 Attendance



4.4.1 Where an attendee of the Committee (who is not a member of the Committee) is unable to attend a meeting, a suitable alternative may be agreed with the Chair.

#### 4.5 Access

4.5.1 Regardless of attendance, External Audit, Internal Audit, Local Counter Fraud and Security Management providers will have full and unrestricted rights of access to the Audit Committee.

#### 4.6 Structure

4.6.1 The structure of the Audit Committee will be developed to ensure that agenda items that are common across the NHS system are dealt with in the most effective way. Committee agendas will be structured to cover both ICB specific items and the development of audit across the system and its partnerships.

### 5. **Quoracy**

5.1 Quoracy is defined as a minimum of 50% of the Committee's core membership which must include the Chair or Vice-Chair or their nominated deputy.

5.2 Where partner members are included in the core membership of the Committee, business planners for meetings will be designed to make optimal use of partner time, meaning that they may not be required for all of every meeting. Where this is the case, their absence will not affect the quoracy of the meeting

5.3 If any member of the Committee has been disqualified from participating in an item on the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum

5.4 If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken

### 6. **Voting and Decision Making**

6.1 For a meeting to be quorate a minimum of two independent Non-Executive Members of the Board are required, including the Chair or Vice Chair of the Committee.

- 6.2 The Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.
- 6.3 Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter. Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote
- 6.4 If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis using telephone, email or other electronic communication

## **7. Frequency and notice of meetings**

- 7.1 If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis using telephone, email or other electronic communication.
- 7.2 The Audit Committee shall meet up to six (6) times a year in accordance with the annual accounts cycle. The Chair of the Committee may convene additional meetings as required
- 7.3 The Board, Chair or Chief Executive may ask the Audit Committee to convene further meetings to discuss particular issues on which they want the Committee's advice.
- 7.4 The external auditor or internal auditor may requisition a meeting of the Committee if it is deemed necessary.
- 7.5 The Committee shall meet in private with the internal and external auditors not less than annually.
- 7.6 In accordance with the Standing Orders, the Committee may meet virtually when necessary and members attending using electronic means will be counted towards the quorum.

## **8. Committee secretariat**

- 8.1 The Committee shall be supported with a secretariat function provided by the Corporate Governance Team. The Governance Team shall ensure that.

- 8.1.1 The agenda and papers are prepared and distributed in accordance with the Standing Orders at least 5 working days before the meeting, having been agreed by the Chair with the support of the relevant executive lead – Chief Financial Officer;
- 8.1.2 Attendance by members of the committee is monitored and reported annually as part of the Annual Governance Statement (contained within the Annual Report);
- 8.1.3 Records of members' appointments and renewal dates are maintained and the Board is prompted to renew membership and identify new members where necessary;
- 8.1.4 Good quality minutes are taken and agreed with the Chair and that a record of matters arising, action points and issues to be carried forward are kept;
- 8.1.5 The Chair is supported to prepare and deliver reports to the Board;
- 8.1.6 The Committee is updated on pertinent issues/ areas of interest/ policy developments;
- 8.1.7 Action points are taken forward between meetings and progress against those actions is monitored.

## 9. Remit and responsibilities of the Committee

- 9.1 The Audit Committee has been constituted in terms of its scope, responsibilities and membership to facilitate the ICB meeting its four fundamental purposes to:
  - **improve outcomes** in population health and healthcare;
  - **tackle inequalities** in outcomes, experience, and access;
  - **enhance productivity** and value for money;
  - help the NHS support broader **social and economic development**.
- 9.2 Each Integrated Care Board Committee will have a remit which encompasses two primary areas of responsibility. First, the Committee will exercise the delegated authority of the Board to execute assurance against a sub-set of its statutory duties and functions. Second, it will retain oversight of progress against the Integrated Care Board's strategic priorities through the developing partnership and integrated working of its members. This balanced approach will ensure that the governance focus of the Committee spans both current performance and risk as well as strategic development and system effectiveness. Committees will have a core membership

spanning both areas of its responsibility, which can be enhanced as required by the addition of co-opted attendees or participants who are invited to contribute to the debate and deliberation of the Committee. The decision on the use of co-opted attendees or participants rests with the Chair of the Committee. The responsibilities of this Committee include:

- 9.3 Integrated governance, risk management and internal control
- 9.3.1 To review the adequacy and effectiveness of the system of integrated governance, risk management and internal control across the whole of the ICB's activities that support the achievement of its objectives, and to highlight any areas of weakness to the Board.
- 9.3.2 To review the financial systems and governance that are established in order to facilitate compliance with DHSC's Group Accounting Manual.
- 9.3.3 To review the adequacy and effectiveness of the assurance processes that indicate the degree of achievement of the ICB's objectives, and the effectiveness of the management of principal risks.
- 9.3.4 To agree the risk management framework, policies and procedures ensuring that the risk management structure and processes within the ICB are robust and effective.
- 9.3.5 To review the quality of risk identification, management and reporting; providing scrutiny and challenge to the Corporate Risk Register and Board Assurance Framework.
- 9.3.6 To have oversight of system risks where they relate to the achievement of the ICB's objectives.
- 9.3.7 To ensure that the ICB acts consistently with the principles and guidance established in HMT's Managing Public Money.
- 9.3.8 To seek reports and assurance from directors and managers within the ICB and the ICS as required, concentrating on the systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.
- 9.3.9 To review and approve on behalf of the Board those policies that ensure compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self-certification e.g. Counter Fraud, Bribery and Corruption Policy, Standards for Business Conduct including Conflicts of Interests policy etc.

9.3.10 To identify opportunities to improve governance, risk management and internal control processes across the ICB, and the ICS where appropriate.

#### 9.4 Internal audit

9.4.1 To ensure that there is an effective internal audit function that meets the Public Sector Internal Audit Standards and provides appropriate independent assurance to the Board. This will be achieved by:

9.4.2 Reviewing and approving the annual internal audit plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the assurance framework;

9.4.3 Considering the major findings of internal audit work, including the Head of Internal Audit Opinion, (and management's response), and ensure coordination between the internal and external auditors to optimise the use of audit resources;

9.4.4 Ensuring that the internal audit function is adequately resourced and has appropriate standing within the organisation; and

9.4.5 Monitoring the effectiveness of internal audit and carrying out an annual review.

#### 9.5 External audit

9.5.1 To review and monitor the external auditor's independence and objectivity and the effectiveness of the audit process. In particular, the Committee will review the work and findings of the external auditors and consider the implications and management's responses to their work. This will be achieved by:

9.5.2 Discussing and agreeing with the external auditors, before the audit commences, the nature and scope of the audit as set out in the annual plan;

9.5.3 Discussing with the external auditors their evaluation of audit risks and assessment of the organisation and the impact on the audit fee; and

9.5.4 Reviewing all external audit reports, including to those charged with governance (before its submission to the Board) and any work undertaken outside the annual audit plan, together with the appropriateness of management responses.

9.6 Other assurance functions

- 9.6.1 To review the findings of assurance functions in the ICB, and to consider the implications for the governance of the ICB.
- 9.6.2 To review the assurance processes in place in relation to financial performance and other key governance processes and systems (e.g. risk management) across the ICB, including the completeness and accuracy of information provided.
- 9.6.3 To review the findings of external bodies and agencies issued by arm's length bodies or regulators and inspectors: e.g. National Audit Office, Select Committees, NHS Resolution etc and consider the implications for governance of the ICB.

9.7 Counter fraud

- 9.7.1 To assure itself that the ICB has adequate arrangements in place for counter fraud, bribery and corruption (including cyber security) that meet NHS Counter Fraud Authority's (NHSCFA) standards and shall review the outcomes of work in these areas.
- 9.7.2 To review, approve and monitor counter fraud work plans, receiving regular updates on counter fraud activity, monitor the implementation of action plans, provide direct access and liaison with those responsible for counter fraud, review annual reports on counter fraud, and discuss NHSCFA quality assessment reports.
- 9.7.3 To ensure that the counter fraud service provides appropriate progress reports and that these are scrutinised and challenged where appropriate.
- 9.7.4 To be responsible for ensuring that the counter fraud service submits an Annual Report and Self-Review Assessment, outlining key work undertaken during each financial year to meet the NHS Standards for Commissioners; Fraud, Bribery and Corruption.
- 9.7.5 To report concerns of suspected fraud, bribery and corruption to the Board and the NHSCFA.

9.8 Freedom to Speak Up

- 9.8.1 To review the adequacy and security of the ICB's arrangements for its employees, contractors and external parties to raise concerns, in confidence, in relation to financial, clinical management, or other matters. The



Committee shall ensure that these arrangements allow proportionate and independent investigation of such matters and appropriate follow up action.

9.9 Information Governance (IG)

9.9.1 To receive regular updates on IG compliance (including uptake & completion of data security training), data breaches and any related issues and risks.

9.9.2 To review the annual Senior Information Risk Owner (SIRO) report, the submission for the Data Security & Protection Toolkit and relevant reports and action plans.

9.9.3 To receive reports on audits to assess information and IT security arrangements, including the annual Data Security & Protection Toolkit audit.

9.9.4 To provide assurance to the Board that there is an effective framework in place for the management of risks associated with information governance.

9.10 Financial reporting

9.10.1 To monitor the integrity of the financial statements of the ICB and any formal announcements relating to its financial performance.

9.10.2 To ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to the completeness and accuracy of the information provided.

9.10.3 To review the Annual Report and Financial Statements (including accounting policies) before submission to the Board focusing particularly on:

- The Governance Statement and other disclosures relevant to the Terms of Reference of the Committee;
- Changes in accounting policies, practices and estimation techniques;
- Unadjusted mis-statements in the Financial Statements;
- Significant judgements and estimates made in preparing the Financial Statements;
- Significant adjustments resulting from the audit;
- Letter of representation; and
- Qualitative aspects of financial reporting.

9.11 Conflicts of Interest



9.11.1 The Chair of the Audit Committee shall be the nominated Conflicts of Interest Guardian.

9.11.2 The Committee shall satisfy itself that the ICB's policy, systems and processes for the management of conflicts, (including gifts and hospitality and bribery) are effective including receiving reports relating to non-compliance with the ICB policy and procedures relating to conflicts of interest.

9.12 Policies

9.12.1 Approval of policies and standard operating procedures (SOPs) as relevant to the committee's business.

9.13 Management

9.13.1 To request and review reports and assurances from directors and managers on the overall arrangements for governance, risk management and internal control.

9.13.2 The Committee may also request specific reports from individual functions within the ICB as they may be appropriate to the overall arrangements.

9.13.3 To receive reports of breaches of policy and normal procedure or proceedings, including such as suspensions of the ICB's Standing Orders, in order provide assurance in relation to the appropriateness of decisions and to derive future learning.

9.14 Communication

9.14.1 To co-ordinate and manage communications on governance, risk management and internal control with stakeholders internally and externally.

9.14.2 To develop an approach with other committees, and with the Integrated Care Partnership, to ensure the relationship between them is understood.

**10. Relationship with the ICB and other groups / committees / boards**

10.1 To work closely with the other committees in the ICB where appropriate and relevant e.g. implementation of the Internal Audit recommendations.

10.2 To investigate identified areas of concern with regard to the ICB's internal controls referred by another committee or the Board of the ICB.



## **11. Policy and best practise**

- 11.1 The Committee shall have regard to current best practice, policies and guidance issued by NHS England, HMFA and other relevant bodies.

## **12. Monitoring and Reporting**

- 12.1 The minutes of each meeting of the Committee shall be formally recorded and retained by the Integrated Care Board. The minutes shall be submitted to the Board of the ICB.
- 12.2 The Chair of the Committee shall report the outcome and any recommendations of the committee to the Board of the ICB.
- 12.3 The Audit Committee will provide the Board with an Annual Report, timed to support finalisation of the accounts and the Governance Statement. The report will summarise its conclusions from the work it has done during the year specifically commenting on:
- The fitness for purpose of the assurance framework;
  - The completeness and 'embeddedness' of risk management in the organisation;
  - The integration of governance arrangements;
  - The appropriateness of the evidence that shows the organisation is fulfilling its regulatory requirements; and
  - The robustness of the processes behind the quality accounts.
- 12.4 The Committee shall agree an annual schedule of reports and their frequency for the Audit Committee meetings.

## **13. Conduct of the Committee**

- 13.1 Members will be expected to conduct business in line with the ICB values and objectives.
- 13.2 Members of, and those attending the Committee, shall behave in accordance with the ICB's Constitution, Standing Orders, and Standards of Business Conduct Policy
- 13.3 Members must demonstrably consider the equality, diversity and inclusion implications of decisions they make.

- 13.4 Members must demonstrably consider the equality, diversity and inclusion implications of decisions they make.
- 13.5 Conflicts of interests: In discharging duties transparently, conflicts of interest must be considered, recorded and managed. Members should have regard to both the ICB's policies and national guidance on managing conflicts of interest. All potential conflicts of interest must be declared and recorded at the start of each meeting. A register of interests must be maintained by the Governance Team, submitted with the Audit Committee papers and annually to the Board. If the Chair considers a conflict of interest exists then the relevant person must not take part in that item, and the Chair may require the affected member to withdraw at the relevant point.
- 14. Review of ToR**
- 14.1 These terms of reference will be reviewed at least annually and more frequently if required. Any proposed amendments to the terms of reference will be submitted to the Board for approval.

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## **Annex 1 – Auditor Panel**

### **1. Context and role**

- 1.1 The Audit Committee will fulfil the role of 'Auditor Panel', as defined in the Local Audit and Accountability Act 2014 and in accordance with the Department of Health publication 'Auditor Panels – Guidance to help Health Bodies meet their Statutory Duties, September 2015'.
- 1.2 The principal roles of the Auditor Panel are to advise the Board of the ICB on the selection, appointment and removal of the ICB's external auditor and to appoint the internal auditor. The Auditor Panel is also responsible for advising the Board of the ICB on the purchase of 'non-audit services' from the external auditor.
- 1.3 The Auditor Panel will take the form of a separate section of the Audit Committee meeting and will be minuted separately.

### **2. Membership, Attendance, Secretary and Quorum**

- 2.1 The membership, quoracy and committee secretary will be as per the Audit Committee and outlined in sections 3, 4 and 6.

- 2.2 The Chief Finance Officer will be invited to attend the meetings. In addition, the Panel may invite any other individual to attend the meetings, as appropriate.

### **3. Frequency and notice of meetings**

- 3.1 The Panel will meet as and when required.
- 3.2 Written notice of the meetings and agendas will be provided, as part of the normal Audit Committee processes, to Panel members not less than 5 working days before the meeting.

### **4. Remit and responsibilities of the Panel**

- 4.1 The key duties of the Panel are:
- 4.1.1 to advise the Board on the selection, appointment and removal of the ICB's external auditors, paying due regard for their performance;
- 4.1.2 the selection, appointment and removal of the ICB's internal auditors, paying due regard for their performance;
- 4.1.3 the maintenance of an independent relationship with the appointed external auditor;
- 4.1.4 the maintenance of an independent relationship with the appointed internal auditors; and
- 4.1.5 to advise the Board on the purchase of 'non-audit services' from the external auditor.

### **5. Monitoring and reporting**

- 5.1 The minutes of each meeting of the Panel will be formally recorded and retained by the ICB and submitted to the Board of the ICB.
- 5.2 The Chair of the Panel shall report the outcome and any recommendations of the Panel to the Board of the ICB.

### **6. Review**

- 6.1 Annually in line with the ToR for the Audit Committee.



# NHS Gloucestershire Integrated Care Board

## Remuneration Committee Terms of Reference

V2.0  
1<sup>st</sup> July 2022

## **1. Introduction**

- 1.1. The Remuneration Committee (the Committee) is established by the Integrated Care Board (the Board or ICB) as a Committee of the Board in accordance with its Constitution.
- 1.2. These Terms of Reference (ToR), which must be published on the ICB website, set out the membership, the remit, responsibilities, and reporting arrangements of the Committee and may only be changed with the approval of the Board.
- 1.3. The Committee is a non-executive committee of the Board and its members, including those who are not members of the Board, are bound by the Standing Orders and other policies of the ICB.

## **2. Purpose**

- 2.1 The Committee's main purpose is to exercise the functions of the ICB relating to paragraphs 17 to 19 of Schedule 1B to the NHS Act 2006. In summary:
- 2.2 Confirm the ICB Pay Policy including adoption of any pay frameworks for all employees including senior managers/directors (including board members) and Non-Executive Members excluding the Chair.
- 2.3 The remuneration and terms and conditions of the ICB Chair is set nationally.
- 2.4 The Board has also delegated the following functions to the Committee:
  - 2.4.1 Oversight of executive board member performance in relation to any performance related pay.
- 2.5 The purpose of the Committee is also to take a strategic role in laying the foundations for aligning Pay and Reward Policies across the ICS such that Gloucestershire can optimise the conditions for attracting, recruiting and retaining the highest calibre senior directors and leaders (including board members) to roles across the ICB and its partner members.

## **3. Delegated Authority**

- 3.1 The Remuneration Committee is a formal committee of the ICB. The Board has delegated authority to the Committee as set out in the Scheme of Reservation and Delegation and may be amended from time to time.

3.2 The Remuneration Committee holds only those powers as delegated in these Terms of Reference as determined by the ICB Board.

#### 4. Membership

4.1 The Committee members shall be appointed by the Board in accordance with the ICB Constitution. The Board will appoint no fewer than three members of the Committee including two independent members of the Board. The Chair of the Audit Committee may not be a member of the Remuneration Committee.

- Committee Chair who shall be an Non-Executive Director of the ICB but cannot be the Chair of the Board of the ICB nor Chair of the Audit Committee;
- The Chair of the Board of the ICB (Deputy Committee Chair);
- Non-Executive Chair of the Board of one of the main provider partner organisations.

4.2 In situations where the Remuneration Committee determines the remuneration of ICB Non-Executive Member, the membership of the committee shall be:

- Non-Executive Director Chair of the Board of one of the main provider partner organisations whom shall assume the position of Chair;
- The Chair of the ICB.

4.3 Members will possess between them knowledge, skills and experience in organisational development, people management and remuneration and technical or specialist issues pertinent to the ICB's business. When determining the membership of the Committee, active consideration will be made to diversity and equality.

#### 4.4 Chair and Vice Chair

4.4.1 In accordance with the Constitution, the Committee will be chaired by an independent non-executive member of the Board appointed on account of their specific knowledge skills and experience making them suitable to chair the Committee.

4.4.2 Committee members may appoint a Vice Chair from amongst the members. In the absence of the Chair, or Vice Chair, the remaining members present shall elect one of their number to Chair the meeting.

4.4.3 The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these ToR.

#### 4.5 Attendees and other Participants

4.5.1 Only members of the Committee have the right to attend Committee meetings, but the Chair may invite relevant staff to the meeting as necessary in accordance with the business of the Committee.

4.5.2 Meetings of the Committee may also be attended by the following individuals who are not members of the Committee for all or part of a meeting as and when appropriate. Such attendees will not be eligible to vote:

- The ICB's most senior HR Advisor or their nominated deputy;
- Chief Financial Officer or their nominated deputy;
- Chief Executive or their nominated deputy.

4.5.3 The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.

- No individual should be present during any discussion relating to:
- Any aspect of their own pay;
- Any aspect of the pay of others when it has an impact on them.

#### 4.6 Attendance

4.6.1 Where an attendee of the Committee (who is not a member of the Committee) is unable to attend a meeting, a suitable alternative may be agreed with the Chair.

### 5. **Quoracy**

5.1 For a meeting to be quorate, a minimum of two Non-Executive Members of the Committee are required, including either the Chair of the Committee or ICB Chair and the Non-Executive Chair of the Board of one of the main provider partner organisations.

5.2 If any member of the Committee has been disqualified from participating in an item on the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.

- 5.3 If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.
- 5.4 In situations where the Remuneration Committee determines the remuneration of ICB Non-Executive Members, a minimum of two Non-Executive Members of the Committee are required.

## **6. Voting and decision making**

- 6.1 Decisions will be guided by national NHS policy and best practice to ensure that staff are fairly motivated and rewarded for their individual contribution to the organisation, whilst ensuring proper regard to wider influences such as national consistency.
- 6.2 Decisions will be taken in according with the Standing Orders. The Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.
- 6.3 Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter.
- 6.4 Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote. The same principle will be used where the Remuneration Committee meet to determine the remuneration of ICB Non-Executive Members.

## **7. Frequency and notice of meetings**

- 7.1 The Remuneration Committee shall meet at least once per year; and as the business of the ICB requires.
- 7.2 The Chair of the Committee may convene additional meetings as required.
- 7.3 The Committee shall meet in private.
- 7.4 In accordance with the Standing Orders, the Committee may meet virtually when necessary and members attending using electronic means will be counted towards the quorum.

## **8. Committee secretariat**

- 8.1 The Committee shall be supported with a secretariat function provided by the Corporate Governance Team. The Governance Team shall ensure that:



- 8.1.1 The agenda and papers are prepared and distributed in accordance with the Standing Orders at least 5 working days before the meeting, having been agreed by the Chair with the support of the relevant HR lead – Associate Director of Corporate Affairs
- 8.1.2 Attendance by members of the Committee is monitored and reported annually as part of the Annual Governance Statement (contained within the Annual Report);
- 8.1.3 Records of members' appointments and renewal dates and the Board is prompted to renew membership and identify new members where necessary;
- 8.1.4 Good quality minutes are taken and agreed with the Chair and that a record of matters arising, action points and issues to be carried forward are kept;
- 8.1.5 The Chair is supported to prepare and deliver reports to the Board;
- 8.1.6 The Committee is updated on pertinent issues/ areas of interest/ policy developments;
- 8.2 Action points are taken forward between meetings and progress against those actions is monitored.

## 9. Remit and responsibilities of the Committee

- 9.1 The Remuneration Committee has been constituted in terms of its scope, responsibilities, and membership to facilitate the ICB meeting its four fundamental purposes to:
  - **improve outcomes** in population health and healthcare;
  - **tackle inequalities** in outcomes, experience, and access;
  - **enhance productivity** and value for money;
  - help the NHS support broader **social and economic development**.
- 9.2 Each Integrated Care Board Committee will have a remit which encompasses two primary areas of responsibility. First, the Committee will exercise the delegated authority of the Board to execute assurance against a sub-set of its statutory duties and functions. Second, it will retain oversight of progress against the Integrated Care Board's strategic priorities through the developing partnership and integrated working of its members. This balanced approach will ensure that the governance focus of the Committee spans both current performance and risk as well as strategic development and system effectiveness. Committees will have a core membership

spanning both areas of its responsibility, which can be enhanced as required by the addition of co-opted attendees or participants who are invited to contribute to the debate and deliberation of the Committee. The decision on the use of co-opted attendees or participants rests with the Chair of the Committee.

9.3 The Committee's duties are as follows:

9.3.1 For the Chief Executive, Non-Executive Directors and other Very Senior Managers:

- Determine all aspects of remuneration including but not limited to salary, (including any performance-related elements) bonuses, expenses, pensions and cars;
- Determine arrangements for termination of employment and other contractual terms and non-contractual terms;
- Undertake performance review/ oversight for directors/senior managers as related to any performance related pay;
- Assurance in relation to ICB statutory duties relating to people such as compliance with employment legislation including such as Fit and Proper Person Regulation (FPPR).

9.3.2 For all staff:

- Determine the ICB pay policy and terms and conditions of employment including the adoption of NHS terms and conditions and pay framework i.e. Agenda for Change;
- Determine the arrangements for termination payments and any special payments following scrutiny of their proper calculation and taking account of such national guidance as appropriate.

9.4 The Committee will ensure that its statutory duties and functions are executed alongside the pursuit of a system wide and strategic approach to remuneration.

9.5 The Committee is authorised by the Board of the ICB to obtain legal advice, remuneration or other professional advice, including the appointment of external advisor and/or consultants, related to its functions as it deems fit at the expense of the ICB.

9.6 Approval of any other policies and standard operating procedures (SOPs) as relevant to the committee's business.

**10. Relationship with the ICB and other groups / committees / boards**

10.1 The Remuneration Committee is directly accountable to the ICB. The minutes of meetings shall be formally recorded. The Committee will advise the Audit Committee on the adequacy of assurances available and contribute to the Annual Governance Statement.

**11. Policy and best practice**

11.1 The Committee shall have regard to current good practice, policies and guidance issued by NHS England, and other relevant bodies.

11.2 The Committee will take proper account of National Agreements and appropriate benchmarking, for example Agenda for Change and guidance issued by the Government, the Department of Health and Social Care, NHS England and the wider NHS in reaching their determinations

**12. Monitoring and Reporting**

12.1 The Committee is accountable to the Board and shall report to the Board on how it discharges its responsibilities.

12.2 The minutes of the meetings shall be formally recorded by the secretary and submitted to the Board.

12.3 The Remuneration Committee will submit copies of its minutes and a report to the Board following each of its meetings. Where minutes and reports identify individuals, they will not be made public and will be presented at part II of the Board. Public reports will be made as appropriate to satisfy any requirements in relation to disclosure of public sector executive pay.

12.4 The Committee will provide the Board with an Annual Report. The report will summarise its conclusions from the work it has done during the year.

**13. Conduct of the Committee**

13.1 Members will be expected to conduct business in line with the ICB values and objectives

13.2 Members of, and those attending the Committee shall act in accordance with the ICB's Constitution, Standing Orders, and Standards of Business Conduct Policy

- 13.3 Members must demonstrably consider the equality, diversity and inclusion implications of decisions they make.
- 13.4 Conflicts of interests: In discharging duties transparently, conflicts of interest must be considered, recorded and managed. Members should have regard to both the ICB's policies and national guidance on managing conflicts of interest. All potential conflicts of interest must be declared and recorded at the start of each meeting. A register of interests must be maintained by the Governance Team, submitted with the Remuneration Committee papers and annually to the Board. If the Chair considers a conflict of interest exists then the relevant person must not take part in that item, and the Chair may require the affected member to withdraw at the relevant point.

#### **14. Review of ToR**

- 14.1 These terms of reference will be reviewed at least annually and more frequently if required. Any proposed amendments to the terms of reference will be submitted to the Board for approval.



# NHS Gloucestershire Integrated Care Board

## Primary Care & Direct Commissioning Committee Terms of Reference

v1.0  
1<sup>st</sup> July 2022

## 1. Introduction

- 1.1 The Primary Care & Direct Commissioning Committee, PC&DC (the Committee) is established by the Integrated Care Board (the Board or ICB) as a Committee of the Board in accordance with its Constitution and in accordance with Delegations made under section 65Z5 of the 2006 NHS Act<sup>1</sup> as amended by the Health Bill 2021.
- 1.2 NHS England has delegated authority to the ICB for the commissioning of primary care. Part 1 of Schedule 2A (Primary Medical Services)<sup>2</sup> sets provision regarding the carrying out of those Delegated Functions relating to Primary Medical Services, being in summary:
- decisions in relation to the commissioning and management of Primary Medical Services;
  - planning Primary Medical Services in the Area, including carrying out needs assessments;
  - undertaking reviews of Primary Medical Services in respect of the Area;
  - management of the Delegated Funds in the Area;
  - co-ordinating a common approach to the commissioning and delivery of Primary Medical Services with other health and social care bodies in respect of the Area where appropriate; and
  - such other ancillary activities that are necessary in order to exercise the Delegated Functions.
- 1.3 The committee acknowledges that, in addition to the statutory duties set out in Part 1 Schedule 2A (Primary Medical Services) that it already complies with, it must comply with the following as regards primary care:
- a) duty to consult with Local Medical Committees<sup>3</sup> and other stakeholders in accordance with the duty of public involvement and consultation under section 14Z2 of the NHS Act;*
- 1.4 These Terms of Reference (ToR), which must be published on the ICB website, set out the membership, the remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the Board.
- 1.5 Committee members including those who are not members of the ICB Board, are bound by the Standing Orders and other policies of the ICB.

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<sup>1</sup> See Part 1, Health Bill 2021 s.60 Joint working and delegation arrangements

<sup>2</sup> The National Health Service (Personal Medical Services Agreements) Regulations 2015

<sup>3</sup> Consultation to include Local Pharmacy Committee, Local Optical Committee and Local Dental Committee when delegated authority extends to Pharmacy, Optometry and Dental services.

## **2. Purpose**

- 2.1 The purpose of the Committee is to manage the delivery of those elements of the primary care healthcare services delegated by NHS England to the ICB. The aim will be to deliver to the people of Gloucestershire, on behalf of the ICB, services that are of high quality, clinically effective and safe, within available resources. This will be delivered through a culture of openness supported by sound governance arrangements.
- 2.2 The Committee is currently responsible for the commissioning of primary care. NHS England may at some point delegate authority to the ICB for the commissioning of primary dental services, primary pharmacy and ophthalmic services. The Primary Care and Direct Commissioning Committee will at the point of delegation of these services to the ICB, review its terms of reference and include these services within its committee remit.

## **3. Delegated Authority**

- 3.1 The purpose of the Committee is to manage the delivery of those elements of the primary care healthcare services delegated by NHS England to the ICB. The aim will be to deliver to the people of Gloucestershire, on behalf of the ICB, services that are of high quality, clinically effective and safe, within available resources. This will be delivered through a culture of openness supported by sound governance arrangements
- 3.2 The PC&DC Committee is a formal committee of the ICB. The Board has delegated authority to the Committee as set out in the Scheme of Reservation and Delegation and may be amended from time to time.
- 3.3 The PC&DC Committee is authorised by the Integrated Care Board to:
  - 3.3.1 Seek any information it requires within its remit, from any employee or member of the ICB (who are directed to co-operate with any request made by the Committee) as outlined in these terms of reference;
  - 3.3.2 Commission any reports it deems necessary to help fulfil its obligations;
  - 3.3.3 Obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary to fulfil its functions. In doing so the Committee must follow any procedures put in place by the ICB for obtaining legal or professional advice.

3.3.4 The PC&DC Committee holds only those powers as delegated in these Terms of Reference as determined by the ICB Board.

#### **4. Membership**

4.1 The Committee members shall be appointed by the Board in accordance with the ICB Constitution.

4.2 The Board will appoint the six committee members:

- Committee Chair: shall be an Independent Non-Executive Director of the ICB who is not the Chair of the Audit Committee;
- Committee Vice-Chair: Independent Non-Executive Director of the ICB with a remit for Quality;
- Chief Executive Officer or Deputy CEO of the ICB;
- ICB Chief Medical Officer;
- ICB Chief Nursing Officer;
- ICB Chief Financial Officer;

4.3 Members will possess between them knowledge, skills and experience in primary care development and contracting, patient safety and quality and technical or specialist issues pertinent to the ICB's business (such as dentistry, optometry and pharmacy). When determining the membership of the Committee, active consideration will be made to diversity and equality.

4.4 Membership will be reviewed, and other individuals may be invited to become members of the Committee as and when appropriate to meet the needs of the agenda.

#### **4.5 Attendees and other Participants**

4.5.1 Only members of the Committee have the right to attend Committee meetings, however all meetings of the Committee will also be attended by the following individuals who are not members of the Committee:

- Director of Primary Care & Place;
- Deputy Director of Primary Care and Place (Primary Care Development);
- Citizen Member;
- Head of Primary Care Contracting;
- Councillor, Gloucestershire County Council.



- 4.5.2 Other individuals may be invited to attend all or part of any meeting as and when appropriate to assist it with its discussions on any particular matter, including representatives from the primary care estates, workforce developments and the Training Hub.
- 4.5.3 The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.
- 4.5.4 If the membership of the Committee includes the Deputy CEO rather than the CEO, then the Chief Executive should be invited to attend the meeting at least annually.

#### 4.6 Attendance

- 4.6.1 Where an attendee of the Committee (who is not a member of the Committee) is unable to attend a meeting, a suitable alternative may be agreed with the Chair.

### 5. **Quoracy**

- 5.1 For a meeting to be quorate a minimum of four members must be present at the meeting including:
- One Independent Non-Executive Director of the ICB;
  - Chief Financial Officer or their nominated deputy.
- 5.2 If any member of the Committee has been disqualified from participating in an item on the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.
- 5.3 If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

### 6. **Quoracy**

- 6.1 The Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.
- 6.2 Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter. Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote.

- 6.3 If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis through the use of telephone, email or other electronic communication.

## **7. Frequency and Notice of Meetings**

- 7.1 The Committee shall meet up to six times a year. The Chair of the Committee may convene additional meetings as required.
- 7.2 Meetings of the Committee shall:
- 7.2.1 Be held in public; and
- 7.2.2 The Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.
- 7.2.3 In accordance with the Standing Orders, the Committee may meet virtually when necessary, and members attending using electronic means such as telephone or videoconferencing shall be counted towards the quorum.

## **8. Committee Secretariat**

- 8.1 The Committee shall be supported with a secretariat function provided by the Corporate Governance Team. The Governance Team shall ensure that:
- 8.1.1 The agenda and papers are prepared and distributed in accordance with the Standing Orders at least five (5) working days before the meeting, having been agreed by the Chair with the support of the relevant Executive Lead – Director of Primary Care & Place;
- 8.1.2 Attendance by members of the committee is monitored and reported annually as part of the Annual Governance Statement (contained within the Annual Report);
- 8.1.3 Records of members' appointments and renewal dates are maintained, and the Board is prompted to renew membership and identify new members where necessary;

- 8.1.4 Good quality minutes are taken and agreed with the Chair and that a record of matters arising, action points and issues to be carried forward are kept;
- 8.1.5 The Chair is supported to prepare and deliver reports to the Board;
- 8.1.6 The Committee is updated on pertinent issues/ areas of interest/ policy developments;
- 8.1.7 Action points are taken forward between meetings and progress against those actions is monitored.
- 8.2 All members or attendees at the Committee are required to declare any potential or actual conflict of interest before items are discussed. There will be a standing agenda item at the beginning of each meeting for this purpose. Even if an interest has been recorded in the register of interests, it must still be declared in meetings where matters relating to that interest are records of members' appointments and renewal dates and the Board is prompted to renew membership and identify new members where necessary.

## **9. Remit and Responsibilities of the Committee**

- 9.1 In accordance with its statutory powers under section 65Z5 of the NHS Act, NHS England has delegated the exercise of the Delegated Functions to the ICB to empower it to commission Primary Care Services for the people of Gloucestershire.
- 9.2 Each Integrated Care Board Committee will have a remit which encompasses two primary areas of responsibility:
  - 9.2.1 The Committee will exercise the delegated authority of the Board to execute assurance against a sub-set of its statutory duties and functions. It will retain oversight of progress against the Integrated Care Board's strategic priorities through the developing partnership and integrated working of its members. This balanced approach will ensure that the governance focus of the Committee spans both current performance and risk as well as strategic development and system effectiveness. Committees will have a core membership spanning both areas of its responsibility, which can be enhanced as required by the addition of co-opted attendees or participants who are invited to contribute to the debate and deliberation of the Committee. The decision on the use of co-opted attendees or participants rests with the Chair of the Committee.
- 9.3 The role of the Primary Care Commissioning Committee shall be to carry out delegated functions that are related to the commissioning of primary medical

services from NHS England to the ICB as set out in Schedule 2A (Primary Medical Services). This includes delegated responsibility for the following:

- 9.3.1 The award of GMS, PMS and APMS contracts. This includes: the design of PMS and APMS contracts; and monitoring of contracts;
  - 9.3.2 Locally defined and designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”);
  - 9.3.3 Making decision regarding local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
  - 9.3.4 Reviewing, analysing, and providing constructive challenge regarding primary care performance, including requesting both remedial and preventative programmes of work and individual action plans.
  - 9.3.5 Procurement of new practice provision;
  - 9.3.6 Discretionary payment (e.g., returner/retainer schemes);
  - 9.3.7 Approving practice mergers;
  - 9.3.8 Primary Care Estates Strategy;
  - 9.3.9 Premises improvement grants and capital developments;
  - 9.3.10 Contractual action such as issuing breach/remedial notices and removing a contract; and
  - 9.3.11 Reporting details of 22a – i to the ICB.
- 9.4 The Committee shall also have oversight of the landscape, development plans and performance/usage of digital information system (notably clinical/patient information systems) and other technology, uptake of and compliance with local and national digital transformation and integration programmes, and the adoption of innovative medical technology.
- 9.5 Primary Care Networks (PCNs)
- 9.5.1 PCNs shall be accountable to the PC&DC Committee.

- 9.5.2 The Committee shall review the ICB plans for the management of the Network Contract Directed Enhances Services, including plans for re-commissioning these services annually where appropriate.
- 9.5.3 The Committee shall receive assurances that the planning of Primary Care Networks in Gloucestershire complies with published specifications and guidance including:
- Maintain or establish identified Network Areas to support the local population in the Area;
  - Review any waived PCN list size requirements wherever possible and appropriate to best support the local population in the Area;
  - Ensure that each PCN has at all times an accountable Clinical Director;
  - Align each PCN with an ICB that would best support delivery of services to the local population in the Area;
  - Collaborate and work with other ICBs as appropriate to agree which ICB will be the lead ICB for the PCN.
- 9.5.4 The Committee shall receive assurances that the planning of Primary Care Networks in Gloucestershire complies with published specifications and guidance including maintaining or establishing identified Network Areas to support the local population in the area.
- 9.5.5 The Committee shall receive highlight reports regarding the activities of Primary Care Networks, including PCN transformation and improvement plan progress, shared risks and issues, and interaction with individual member practices and Integrated Locality Partnerships (ILPs).
- 9.6 Financial Accountability
- 9.6.1 The Committee's authority for procuring services is covered in the ICB Scheme of Reservation and Delegation and Standing Financial Instructions.
- 9.7 The Committee shall refresh the Primary Care Strategy for Gloucestershire and report on and make recommendations to the ICB on the following:
- Primary Medical Care Strategy for Gloucestershire;
  - Planning primary medical care services in Gloucestershire (including needs assessment);
  - Performance management of primary care services and contracts.
- 9.8 The Committee may delegate some tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance

arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest. The Committee may not delegate the procurement of services to any individual or sub-committee.

- 9.9 The Committee shall be structured to address two core parts: statutory functions, and the transformational agenda which will link with the Clinical Programmes Approach and interface with, but not oversee, ILPs.
- 9.10 The Committee shall receive information regarding the allocation of operational and transformation funding provided to individual practices and PCNs, both capital and revenue, and similarly shall receive information on the use of those funds relative to the achievement of agreed objectives. The Committee shall hold practices and PCNs to account for value for money and other pertinent metrics regarding any such funding. Such monitoring and accountability notably includes, but may not be limited to, all items listed under sections 9.3 and 9.4 of these Terms of Reference.

## **10. Relationship with the ICB and other groups / committees / boards**

- 10.1 The Committee has delegated authority for the commissioning of some primary care services as outlined in section 7.2, a-l.
- 10.2 The Committee shall make recommendations to the ICB for the primary care services and functions listed at section 7, 1-2,
- 10.3 The ICB Primary Care Operational Group (PCOG) shall undertake the operational management, implementation and oversight of the nationally defined primary medical care contracts and the primary medical care workstreams. In addition, the PCOG will also monitor complaints and quality.
- 10.4 The Primary Care Operational Group will act as a sub-committee and shall report to the Committee and submit the minutes of their meetings to the Committee for review.
- 10.5 The Primary Care Operational Group shall provide a timely summary highlight report of primary care planning, performance (operational and financial), quality and transformation activities for review by the PC&DC Committee

## **11. Policy and Best Practise**

- 11.1 The Committee has delegated authority for the commissioning of some primary care services as outlined in section 7.2, a-l.

11.2 When considering matters, the Committee should take into account the following:

- All statutory requirements applicable to the ICB;
- NHS England requirements and standards;
- Best professional practice and standards, e.g. CIPD;
- Emerging risks and issues;
- Relevant Business Information and Data analyses.

11.3 In exercising the Delegated Functions, the Committee must have due regard to the Guidance set out at Schedule 9 and such other guidance as may be issued by NHS England from time to time, including on the Primary Care Guidance web page.

11.4 The Committee will have full authority to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary, within its terms of reference and within a limit determined by the Chief Financial Officer. The Committee shall have regard to current good practice, policies and guidance from NHSE&I, the ICS and other relevant bodies.

## **12. Monitoring and Reporting**

12.1 The Committee is accountable to the Board and shall report to the Board on how it discharges its responsibilities

12.2 The minutes of each meeting of the Committee shall be formally recorded and retained by the Integrated Care Board. The minutes shall be submitted to the Board of the ICS.

12.3 The Chair will provide assurance reports to the Board after each meeting and shall draw to the attention of the Board any issues that require disclosure to the Board or require action.

12.4 The Committee will provide an annual report to the Board to describe how it has fulfilled its terms of reference, details on progress and a summary of key achievements in delivering its responsibilities.

12.5 The Committee will undertake an annual committee effectiveness review using the existing template model.

## **13. Conduct of the Committee**

- 13.1 Members will be expected to conduct business in line with the ICB values and objectives
- 13.2 Members of, and those attending the Committee shall behave in accordance with the ICB's Constitution, Standing Orders, and Standards of Business Conduct Policy.
- 13.3 Members must demonstrably consider the equality, diversity and inclusion implications of decisions they make.
- 13.4 Conflicts of interests: In discharging duties transparently, conflicts of interest must be considered, recorded and managed. Members should have regard to both the ICB's policies and national guidance on managing conflicts of interest. All potential conflicts of interest must be declared and recorded at the start of each meeting. A register of interests must be maintained by the Governance Team and submitted to the PC&DC Committee at each meeting and to the Board annually. If the Chair considers a conflict of interest exists then the relevant person must not take part in that item, and the Chair may require the affected member to withdraw at the relevant point.

#### **14. Conduct of the Committee**

- 14.1 These terms of reference will be reviewed at least annually and more frequently if required. Any proposed amendments to the terms of reference will be submitted to the Board for approval.





# NHS Gloucestershire Integrated Care Board

## People Committee Terms of Reference

v1.0  
1<sup>st</sup> July 2022

## **1. Introduction**

- 1.1 The People Committee (the Committee) is established by the Integrated Care Board (the ICB) as a Committee of the Board in accordance with its Constitution.
- 1.2 These Terms of Reference (ToR) will be published in the Governance Handbook which can be accessed on the ICB website. They set out the membership, remit, responsibilities, and reporting arrangements of the Committee and may only be changed with the approval of the Board. The Terms of Reference will be subject to an annual review.
- 1.3 The Committee is a non-executive committee of the Board and its members, including those who are not members of the Board, are bound by the Standing Orders and other policies of the ICB.
- 1.4 For the avoidance of doubt, the Committee will comply with, the ICB Standing Orders, Standing Financial Instructions and the Scheme of Reservation and Delegation (SoRD).

## **2. Purpose**

- 2.1 One of the functions of the ICB is to lead the implementation of the Gloucestershire People Strategy and Plan, the remit of which spans health and care across the Integrated Care System. The local strategy is aligned to the national NHS People Promise. Within this context, 'People' refers to the workforce of the ICB and its partner members, whether those colleagues are permanent staff, fixed-term or temporary workers or volunteers. This Committee is accountable to the ICB for all matters relating to the development of the System People Strategy and associated plans and for delivery of the Equality, Diversity and Inclusion (EDI) agenda and objectives.
- 2.2 The purpose of the Committee is to hold the People Board to account for achieving the intended results and benefits of the People Strategy and Plans and for reaching agreed milestones in making One Gloucestershire an increasingly equitable, diverse and inclusive health and care system. The Committee will approve the Terms of Reference for the People Board which will be reviewed on an annual basis.
- 2.3 The Committee will provide oversight and scrutiny of the effectiveness of the ICS People Function and will receive assurance that the function is fit for purpose in delivering the capability necessary for the One Gloucestershire Integrated Care System to deliver its people strategy and objectives. It will receive reporting against all the leadership and people dimensions of

System Oversight Framework and will examine the management of People and EDI related risks.

- 2.4 The Committee will oversee the strategic approach to talent management and succession planning for the ICS, ensuring that a pipeline of talent for clinical, professional, executive and non-executive leadership roles is developed and maintained as an asset for the delivery of One Gloucestershire’s vision and strategy.
- 2.5 The Committee will examine opportunities for extending partnership and integrated working across the workforce and system capability agendas so that the conditions for enabling transformation and innovation in respect of people and EDI priorities are optimised.
- 2.6 The Committee will provide a forum for assurance and review of all ICB related strategies, policies and procedures relating to ICB employed staff.
- 2.7 The People Committee has no executive powers, other than those delegated in the SoRD and specified in these terms of reference.

**3. Delegated Authority**

- 3.1 The People Committee is a formal committee of the ICB. The Board has delegated authority to the Committee as set out in the Scheme of Reservation and Delegation and may be amended from time to time.
- 3.2 The People Committee is authorised by the Integrated Care Board to:
  - 3.2.1 Investigate any activity or aspects of the People and EDI agendas within its terms of reference;
  - 3.2.2 Seek any information it requires within its remit, from any employee or member of the ICB (who are directed to co-operate with any request made by the Committee) as outlined in these terms of reference;
  - 3.2.3 Commission any reports it deems necessary to help fulfil its obligations;
  - 3.2.4 Obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary to fulfil its functions. In doing so the Committee must follow any procedures put in place by the ICB for obtaining legal or professional advice;
  - 3.2.5 Create task and finish sub-groups in order to undertake ‘deep-dive’ examinations of aspects of governance and assurance related to the People



and EDI agendas, as considered necessary by the Committee's members. The Committee shall determine the membership and terms of reference of any such task and finish sub-groups in accordance with the ICB's Constitution, Standing Orders and Scheme of Reservation and Delegation (SoRD) but may not delegate any decisions to such groups.

- 3.3 The People Committee holds only those powers as delegated in these Terms of Reference as determined by the ICB Board.

#### **4. Membership**

- 4.1 The Committee members shall be appointed by the Board in accordance with the ICB Constitution.

- 4.2 The Board will appoint no fewer than four members of the Committee including one who is an Independent Non-Executive Member of the Board. The Committee's membership may include co-opted members of the Board.

- 4.3 Members will possess between them knowledge, skills and experience in:

- Equity and Equality, Diversity and Inclusion;
- Strategic workforce planning, development, innovation and transformation;
- Leadership, culture, talent and organisational development;
- System dynamics and development.
- Employment legislation and best practise.

- 4.4 When appointing members to the Committee, active consideration will be made to promoting diversity across the Committee's membership.

#### **4.5 Membership**

- 4.5.1 Committee members will include:

- Committee Chair: Independent NED of the ICB;
- Committee Vice-Chair: Independent NED of the ICB;
- ICB Chief Executive Officer;
- ICB Chief Nursing Officer;
- ICB Chief Medical Officer
- ICB Executive Director of People, Culture and Engagement (Chair of the ICS People Board);
- One independent Non-Executive Directors, with lead People portfolio, of one of the main system Provider partners;

- Social Services (Local Authority) representative, usually the Director of Adult Social Services.

#### 4.6 Chair and vice chair

4.6.1 The Chair of the Committee shall be an Independent Non-Executive Member of the ICB.

4.6.2 Committee members may appoint a Vice Chair from its members.

4.6.3 The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these ToR in consultation with the Executive Lead -Director of People, Culture and Engagement.

#### 4.7 Attendees and other Participants

4.7.1 Only members of the Committee have the right to attend Committee meetings. Other individuals may be invited to attend all or part of any meeting as and when appropriate to assist it with its discussions on any particular matter including representatives from workforce related ICS working groups, secondary, mental health and community providers and primary care subject matter experts, notably:

- Chair of the ICS Workforce Steering Group;
- Chair of the ICS Organisational Development Steering Group;
- Chair or Representative of the ICS Social Partnership Forum;
- Chair of the ICS Education and Training Steering Group.

4.7.2 The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.

#### 4.8 Attendance

4.8.1 Where an attendee of the Committee (who is not a member of the Committee) is unable to attend a meeting, a suitable alternative may be agreed with the Chair.

4.8.2 The Chair of the ICB may also be invited to attend one meeting each year in order to gain an understanding of the Committee's operations.

### 5. **Quoracy**

- 5.1 Quoracy is defined as a minimum of 50% of the Committee's core membership which must include the Chair or Vice-Chair or their nominated deputy.
- 5.2 Where partner members are included in the core membership of the Committee, business planners for meetings will be designed to make optimal use of partner time, meaning that they may not be required for all of every meeting. Where this is the case, their absence will not affect the quoracy of the meeting.
- 5.3 If any member of the Committee has been disqualified from participating in an item on the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.
- 5.4 If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

## **6. Quoracy**

- 6.1 The Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.
- 6.2 Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter. Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote.
- 6.3 If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis using telephone, email or other electronic communication. Where any such action has been taken between meetings, then these will be reported to the next meeting. For the avoidance of doubt, this provision applies to and facilitates the Committee's decision making by email, should this be required to expedite an urgent decision.

## **7. Frequency and notice of meetings**

- 7.1 The People Committee will meet at least four (4) times a year and the typical cycle will be a quarterly meeting. Additional meetings may take place as required.

7.2 The Board, Chair or Chief Executive may ask the People Committee to convene further meetings to discuss particular issues on which they want the Committee's advice.

## **8. Committee secretariat**

8.1 The Committee shall be supported with a secretariat function provided by the Corporate Governance Team.

8.2 The Governance Team shall ensure that:

8.2.1 The agenda and papers are prepared and distributed in accordance with the Standing Orders at least 5 working days before the meeting, having been agreed by the Chair with the support of the relevant executive lead – Director of People, Culture and Engagement;

8.2.2 Attendance by members of the committee is monitored and reported annually as part of the Annual Governance Statement (contained within the Annual Report);

8.2.3 Records of members' appointments and renewal dates and the Board is prompted to renew membership and identify new members where necessary;

8.2.4 Good quality minutes are taken and agreed with the Chair and that a record of matters arising, action points and issues to be carried forward are kept;

8.2.5 The Chair is supported to prepare and deliver reports to the Board;

8.2.6 The Committee is updated on pertinent issues/ areas of interest/ policy developments;

8.2.7 Action points are taken forward between meetings and progress against those actions is monitored.

## **9. Remit and responsibilities of the Committee**

9.1 To ensure that the ICB has the people capability to meet its four fundamental purposes to:

- **improve outcomes** in population health and healthcare;
- **tackle inequalities** in outcomes, experience, and access;
- **enhance productivity** and value for money;
- help the NHS support broader **social and economic development**.

9.2 Each Integrated Care Board Committee will have a remit which encompasses two primary areas of responsibility. First, the Committee will exercise the delegated authority of the Board to execute assurance against a sub-set of its statutory duties and functions. Second, it will retain oversight of progress against the Integrated Care Board's strategic priorities through the developing partnership and integrated working of its members. This balanced approach will ensure that the governance focus of the Committee spans both current performance and risk as well as strategic development and system effectiveness. Committees will have a core membership spanning both areas of its responsibility, which can be enhanced as required by the addition of co-opted attendees or participants who are invited to contribute to the debate and deliberation of the Committee. The decision on the use of co-opted attendees or participants rests with the Chair of the Committee.

9.3 To ensure a balanced approach to governance of the workforce agenda that embraces both assurance on statutory functions and duties alongside oversight of the transformation agenda and achieving strategic progress against agreed system priorities, including:

9.4 People Strategy - To oversee the development of the people strategy, ensuring it remains current and relevant to the people drivers and requirements of the One Gloucestershire Integrated Care System and responds to both opportunities and risks in the internal and external environment.

9.5 Equality, Diversity and Inclusion - To ensure that the ICB has well defined system EDI objectives, underpinned by strategic plans, measures and reporting arrangements that strengthen accountability and progress. To ensure that the ICB is actively learning from and adopting best practice across the NHS, and from other sectors, to deliver its planned objectives and milestones.

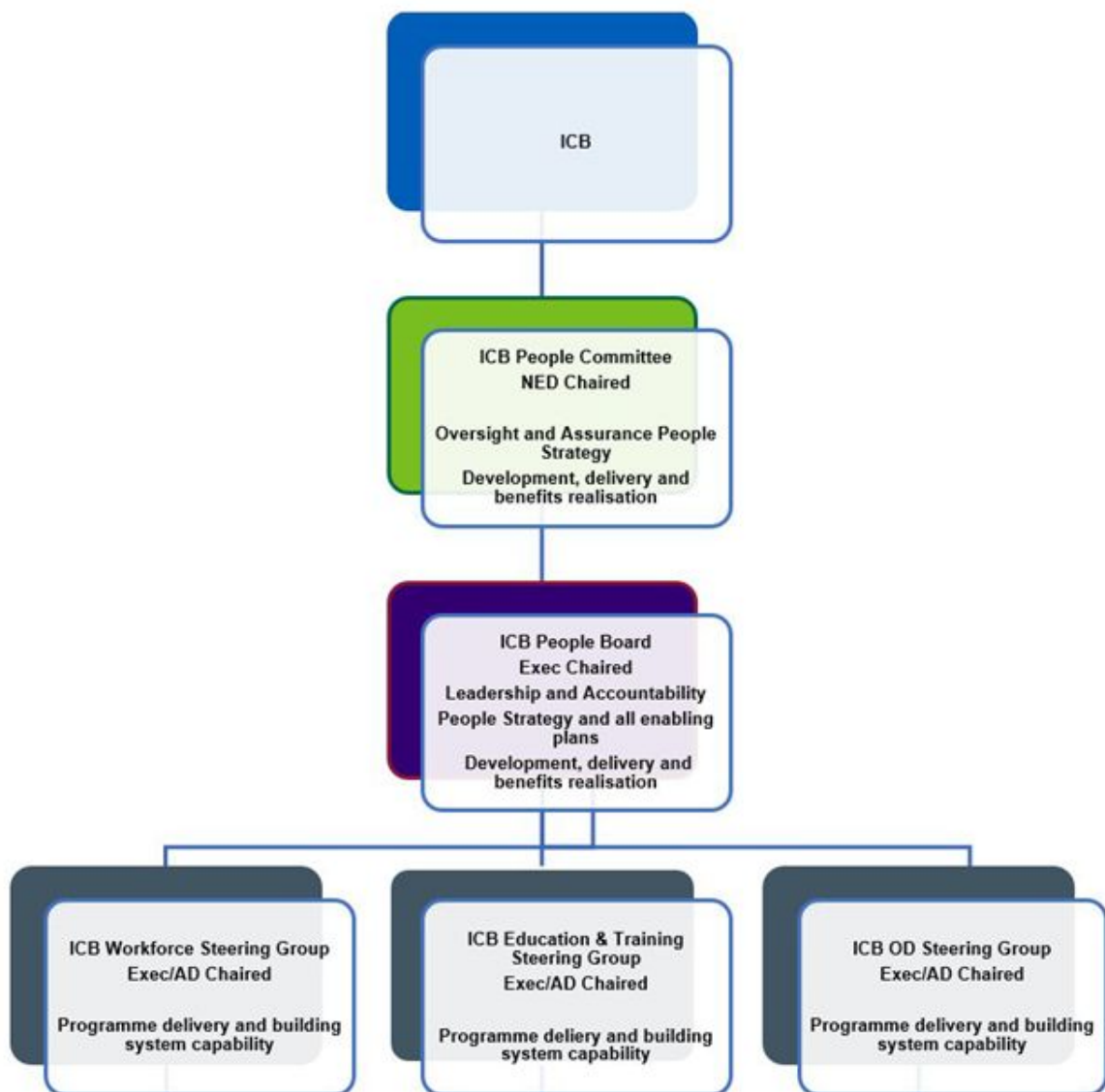
9.6 Health & Safety - To receive assurances that the ICB has effective, systems, policies and processes for health and safety. To receive quarterly reports on Health and Safety.

9.7 Talent Management and Succession Planning - To ensure that the ICB has a strategic approach to talent management for the One Gloucestershire



Integrated Care System and that the talent system is effective in identifying, developing and retaining clinical and non-clinical talent within Gloucestershire. To extend and embed opportunities for career development within and across the system and to ensure that a wide cross section of leadership roles are supported by a pipeline of talent.

- 9.8 Strategic Workforce Planning, Supply, Development and Transformation - To receive assurance that a robust approach to workforce planning, supply and resourcing allows the ICB to secure and retain the workforce resources it needs over the short, medium, and longer term. To scrutinise the effectiveness of workforce development and transformation activity, testing its contribution to enabling best value out of the people working across the system.
- 9.9 Education, Training and Learning - To receive assurances that tests for value for money and the workforce benefits derived from education, training and learning programmes are undertaken, ensuring their alignment with the People Strategy.
- 9.10 Leadership, Culture and System Development - To oversee the strategic approach to developing system leaders, shaping culture, and facilitating behaviour change within the system, creating an environment for success in Gloucestershire, aligned to the four fundamental purposes of the ICS.
- 9.11 Accountability for People Dimensions of System Oversight Framework - To hold the People Board to account for delivering the People Strategy and its impact in the One Gloucestershire Integrated Care System, including the external reporting requirements contained within the System Oversight Framework.
- 9.12 Workforce Data, Intelligence and Reporting - To ensure that the ICB meets its obligations in respect of reporting against the people dimensions of the System Oversight Framework and can provide assurance to the ICB that ICB data systems and maturity are fit for this purpose. To ensure that the ICB has the necessary workforce intelligence to develop and deliver its People strategy.
- 10. Relationship with the ICB and other groups / committees / boards**
- 10.1 The governance fora for the people agenda in the ICS, report into the People Committee through the following structure:



7

**11. Policy and best practice**

11.1 When considering matters, the Committee should take into account the following points:

- 11.1.1 All statutory requirements applicable to the ICB;
- 11.1.2 NHS England requirements and standards;
- 11.1.3 Best professional practice and standards, e.g. CIPD;

11.1.4 NHS best practice and guidance as well as best practice from respected think tanks spanning the private and voluntary sectors;

11.1.5 Emerging risks and issues.

11.2 The Committee will have full authority to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary, in line with the ICB Standing Financial Instructions and delegated financial limits

## **12. Monitoring and Reporting**

12.1 The Committee is accountable to the Board and shall report to the Board on how it discharges its responsibilities.

12.2 The minutes of the meetings shall be formally recorded by the Governance Team and submitted to the Board in accordance with the Standing Orders.

12.3 The Chair will provide assurance reports to the Board after each meeting and shall draw to the attention of the Board any issues that require disclosure to the Board or require action.

12.4 The Committee will provide an annual report to the Board to describe how it has fulfilled its terms of reference, details on progress and a summary of key achievements in delivering its responsibilities.

## **13. Conduct of the Committee**

13.1 Members will be expected to conduct business in line with the ICB values and objectives.

13.2 Members of, and those attending, the Committee shall behave in accordance with the ICB's Constitution, Standing Orders, and Standards of Business Conduct Policy.

13.3 Members must demonstrably consider the equality and diversity implications of decisions they make.

13.4 Conflicts of interests - In discharging duties transparently, conflicts of interest must be considered, recorded and managed. Members should have regard to both the ICB's policies and national guidance on managing conflicts of interest. All potential conflicts of interest must be declared and recorded at the start of each meeting. A register of interests must be maintained by the Governance Team, submitted with the People Committee papers and

annually to the Board. If the Chair considers a conflict of interest exists then the relevant person must not take part in that item, and the Chair may require the affected member to withdraw at the relevant point.

**14. Review of ToR**

- 14.1 The Committee will review its effectiveness at least annually. These terms of reference will be reviewed at least annually and more frequently if required. Any proposed amendments to the terms of reference will be submitted to the Board for approval.



# NHS Gloucestershire Integrated Care Board

## Quality Committee Terms of Reference

v1.0  
1<sup>st</sup> July 2022

## **1. Introduction**

- 1.1 The Quality Committee (the Committee) is established by the Integrated Care Board (the Board or ICB) as a Committee of the Board in accordance with its Constitution.
- 1.2 These Terms of Reference (ToR), which must be published on the ICB website, set out the membership, the remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the Board.
- 1.3 The Committee is a non-executive chaired committee of the Board and its members are bound by the Standing Orders and other policies of the ICB.

## **2. Purpose of the committee**

- 2.1 The Quality Committee has been established to provide the ICB with assurance that it is delivering its functions in a way that secures continuous improvement in the quality of services, against each of the dimensions of quality set out in the Shared Commitment to Quality and enshrined in the Health and Care Bill 2021. This includes reducing inequalities in the quality of care.
- 2.2 The Committee exists to scrutinise the robustness of, and gain and provide assurance to the ICB, that there is an effective system of quality governance and internal control that supports it to effectively deliver its strategic objectives and provide sustainable, high quality care.
- 2.3 The Committee will provide regular assurance updates to the ICB in relation to activities and items within its remit.

## **3. Delegated authority**

- 3.1 The Quality Committee has been established to provide the ICB with assurance that is delivering its functions in a way that secures continuous improvement in the quality of services, against each of the dimensions of quality set out in the Shared Commitment to Quality and enshrined in the Health and Care Bill 2021. This includes reducing inequalities in the quality of care.
- 3.2 The Quality Committee is a formal committee of the ICB. The Board has delegated authority to the Committee as set out in the Scheme of Reservation and Delegation and may be amended from time to time.

- 3.3 The Quality Committee is authorised by the Integrated Care Board to:
- 3.3.1 Seek any information it requires within its remit, from any employee or member of the ICB (who are directed to co-operate with any request made by the Committee) as outlined in these terms of reference;
- 3.3.2 Commission any reports it deems necessary to help fulfil its obligations;
- 3.3.3 Obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary to fulfil its functions. In doing so the Committee must follow any procedures put in place by the ICB for obtaining legal or professional advice.
- 3.3.4 The Quality Committee holds only those powers as delegated in these Terms of Reference as determined by the ICB Board.

#### **4. Membership**

- 4.1 The Committee members shall be appointed by the Board in accordance with the ICB Constitution.
- 4.2 The Board will appoint no fewer than four members of the Committee including two who are Independent Non-Executive Members of the Board. Other attendees of the Committee need not be members of the Board, but they may be.
- Independent Non-Executive Director of the ICB with the remit and responsibility for Quality (Chair);
  - Independent Non-Executive Director of the ICB (Vice-chair);
  - ICB Chief Nursing Officer or their nominated Deputy;
  - ICB Chief Medical Officer;
  - One main Acute Partner executive representative;
  - One main Community and Mental Health Partner executive representative;
  - One Primary Care representative who shall not be the ICB Chief Medical Officer;
  - One or more Local Authority representatives (Director of Public Health, Director for Adult Social Services).
- 4.3 Members will possess between them knowledge, skills and experience in: clinical quality and governance and technical or specialist issues pertinent to the ICB's business. When determining the membership of the Committee, active consideration will be made to diversity and equality.

4.4 The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.

4.5 Chair and vice chair

4.5.1 The Chair of the Committee shall be an Independent Non-Executive Member of the ICB.

4.5.2 Committee members may appoint a Vice Chair who shall be an Independent Non-Executive Member of the ICB.

4.5.3 The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these ToR in consultation with the Executive Lead - Chief Nursing Officer.

4.6 Attendees and other Participants

4.6.1 Only members of the Committee have the right to attend Committee meetings, however all meetings of the Committee will also be attended by the following individuals who are not members of the Committee:

- One Independent Non-Executive Director of each main system Provider partner (Community & Mental Health; Acute), who chairs their equivalent committee responsible for quality.
- ICB Deputy Director of Nursing;
- ICB Associate Director of Nursing (Commissioning);
- ICB Patient Safety Specialist;
- ICS Health and Care professional leads;
- ICS Designated Nurse Safeguarding Children and Safeguarding Adults Manager;
- ICB Quality Leads;
- ICB Quality and Nursing Business Manager;
- ICB Associate Director of Corporate Affairs.

4.6.2 The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.

4.6.3 Other individuals may be invited to attend all or part of any meeting as and when appropriate to assist it with its discussions on any particular matter



including representatives from the Primary Care, Secondary and Community Providers.

4.6.4 The Chief Executive should be invited to attend the meeting at least annually.

4.7 Attendance

4.7.1 Where an attendee of the Committee (who is not a member of the Committee) is unable to attend a meeting, a suitable alternative may be agreed with the Chair

**5. Quoracy**

5.1 Quoracy is defined as a minimum of 50% of the Committee's core membership which must include the Chair or Vice-Chair or their nominated deputy, and the Chief Nursing Officer or Chief Medical Officer (or deputy).

5.2 Where partner members are included in the core membership of the Committee, business planners for meetings will be designed to make optimal use of partner time, meaning that they may not be required for all of every meeting. Where this is the case, their absence will not affect the quoracy of the meeting.

5.3 If any member of the Committee has been disqualified from participating in an item on the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.

5.4 If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

**6. Voting and decision-making**

6.1 The Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.

6.2 Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter. Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote.

6.3 If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis using telephone, email or other electronic communication

## **7. Frequency and notice of meetings**

- 7.1 The Quality Committee shall meet six times a year (every other month). The Chair of the Committee may convene additional meetings as required.
- 7.2 In accordance with the Standing Orders, the Committee may meet virtually when necessary and members attending using electronic means will be counted towards the quorum.

## **8. Committee secretariat**

- 8.1 The Committee shall be supported with a secretariat function provided by the Corporate Governance Team. The Governance Team shall ensure that:
  - 8.1.1 The agenda and papers are prepared and distributed in accordance with the Standing Orders at least 5 working days before the meeting, having been agreed by the Chair with the support of the relevant executive lead – Chief Nursing Officer;
  - 8.1.2 Attendance by members of the committee is monitored and reported annually as part of the Annual Governance Statement (contained within the Annual Report)
  - 8.1.3 Records of members' appointments and renewal dates and the Board is prompted to renew membership and identify new members where necessary;
  - 8.1.4 Good quality minutes are taken and agreed with the Chair and that a record of matters arising, action points and issues to be carried forward are kept;
  - 8.1.5 The Chair is supported to prepare and deliver reports to the Board;
  - 8.1.6 The Committee is updated on pertinent issues/ areas of interest/ policy developments;
  - 8.1.7 Action points are taken forward between meetings and progress against those actions is monitored.
- 8.2 All members or attendees at the Committee are required to declare any potential or actual conflict of interest before items are discussed. There will be a standing agenda item at the beginning of each meeting for this purpose. Even if an interest has been recorded in the register of interests, it must still be declared in meetings where matters relating to that interest are records of

members' appointments and renewal dates and the Board is prompted to renew membership and identify new members where necessary.

## 9. Remit and Responsibilities of the committee

9.1 The Quality Committee has been constituted in terms of its scope, responsibilities and membership to facilitate the ICB meeting its four fundamental purposes to

- **improve outcomes** in population health and healthcare;
- **tackle inequalities** in outcomes, experience, and access;
- **enhance productivity** and value for money;
- help the NHS support broader **social and economic development**.

9.2 Each Integrated Care Board Committee will have a remit which encompasses two primary areas of responsibility. First, the Committee will exercise the delegated authority of the Board to execute assurance against a sub-set of its statutory duties and functions. Second, it will retain oversight of progress against the Integrated Care Board's strategic priorities through the developing partnership and integrated working of its members. This balanced approach will ensure that the governance focus of the Committee spans both current performance and risk as well as strategic development and system effectiveness. Committees will have a core membership spanning both areas of its responsibility, which can be enhanced as required by the addition of co-opted attendees or participants who are invited to contribute to the debate and deliberation of the Committee. The decision on the use of co-opted attendees or participants rests with the Chair of the Committee.

9.3 The committee will have a strong focus on the partnership agenda and will work with the System Quality Group to support the ICS to bring partners together on approaches that can't be achieved by a single organisation alone.

9.4 The responsibilities of the Quality Committee will be authorised by the ICB Board. It is expected that the Quality Committee will:

9.4.1 Be assured that there are robust processes in place for the effective management of quality;

9.4.2 Scrutinise structures in place to support quality planning, control and improvement, to be assured that the structures operate effectively and timely action is taken to address areas of concern;

- 9.4.3 Agree and put forward the key quality priorities that are included within the ICB strategy/ annual plan;
- 9.4.4 Oversee and monitor delivery of the ICB key statutory requirements;
- 9.4.5 Review and monitor those risks on the Board Assurance F and Corporate Risk Register which relate to quality, and high-risk operational risks which could impact on care. Ensure the ICB is kept informed of significant risks and mitigation plans, in a timely manner;
- 9.4.6 Oversee and scrutinise the ICB's response to all relevant (as applicable to quality) Directives, Regulations, national standard, policies, reports, reviews and best practice as issued by the DHSC, NHSEI and other regulatory bodies / external agencies (e.g. CQC, NICE) to gain assurance that they are appropriately reviewed and actions are being undertaken, embedded and sustained;
- 9.4.7 Maintain an overview of changes in the methodology employed by regulators and changes in legislation/regulation and assure the ICB that these are disseminated and implemented across all sites;
- 9.4.8 Oversee and seek assurance on the effective and sustained delivery of the ICB Quality Improvement Programmes;
- 9.4.9 Ensure that mechanisms are in place to review and monitor the effectiveness of the quality of care delivered by providers and place;
- 9.4.10 Receive assurance that the ICB identifies lessons learned from all relevant sources, including, incidents, never events, complaints and claims and ensures that learning is disseminated and embedded;
- 9.4.11 Receive assurance that the ICB has effective and transparent mechanisms in place to monitor mortality and that it learns from death (including coronial inquests and PFD report);
- 9.4.12 To be assured that people drawing on services are systematically and effectively involved as equal partners in quality activities;
- 9.4.13 Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for safeguarding adults and children;
- 9.4.14 Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for infection prevention and control;

- 9.4.15 Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for equality and diversity as it applies to people drawing on services;
- 9.4.16 Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for medicines optimisation and safety.
- 9.4.17 Approval of policies and standard operating procedures (SOPs) as relevant to the committee's business.

**10. Relationship with the ICB and other groups / committees / boards**

- 10.1 The Quality Committee is directly accountable to the ICB. The minutes of meetings shall be formally recorded. The Committee will advise the Audit Committee on the adequacy of assurances available and contribute to the Annual Governance Statement.
- 10.2 The Committee will have oversight of and approve the Terms of Reference and work programmes for the groups reporting into the Quality Committee (e.g. Infection Prevention and Control, Safeguarding Boards / Hubs etc).
- 10.3 The Committee will receive scheduled assurance report from its delegated groups. Any delegated groups would need to be agreed by the ICB Board.

**11. Policy and best practice**

- 11.1 The Committee shall have regard to current good practice, policies and guidance issued by the NHS England, NICE, Royal Colleges and other relevant bodies

**12. Monitoring and Reporting Policy and best practice**

- 12.1 The Chair of the Committee shall report the outcome and any recommendations of the committee to the Board of the ICB, and provide a report on assurances received, escalating any concerns where necessary.
- 12.2 The minutes of each meeting of the Committee shall be formally recorded and retained by the Integrated Care Board. The minutes shall be submitted to the Board of the ICB.
- 12.3 The Committee shall submit to the Board of the ICB an Annual Report of its work.



12.4 The Committee shall agree an annual schedule of reports and their frequency for the Quality Committee meetings.

### **13. Conduct of the Committee**

13.1 Members will be expected to conduct business in line with the ICB values and objectives.

13.2 Members of, and those attending the Committee shall be have in accordance with the ICB's Constitution, Standing Orders, and Standards of Business Conduct Policy.

13.3 Members must demonstrably consider the equality, diversity and inclusion implications of decisions they make.

#### **13.4 Conflicts of interests**

13.4.1 In discharging duties transparently, conflicts of interest must be considered, recorded and managed. Members should have regard to both the ICB's policies and national guidance on managing conflicts of interest.

13.4.2 All potential conflicts of interest must be declared and recorded at the start of each meeting.

13.4.3 A register of interests must be maintained by the Governance Team, submitted with the Quality Committee papers and annually to the Board.

13.5 If the Chair considers a conflict of interest exists then the relevant person must not take part in that item, and the Chair may require the affected member to withdraw at the relevant point.

### **14. Review of ToR**

14.1 These terms of reference will be reviewed at least annually and more frequently if required. Any proposed amendments to the terms of reference will be submitted to the Board for approval.

14.2 The Committee will utilise a continuous improvement approach in its delegation and all members will be encouraged to review the effectiveness of the meeting at each sitting.



# NHS Gloucestershire Integrated Care Board

## System Resources Committee Terms of Reference

v1.0  
1<sup>st</sup> July 2022

## 1. Introduction

- 1.1 The System Resource Committee (the Committee) is established by the Integrated Care Board (ICB) as a Committee of the Board in accordance with its Constitution. These Terms of Reference (ToR), set out the membership, the remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the Board.
- 1.2 The Committee is an executive committee of the Board and its members, including those who are not members of the Board, are bound by the Standing Orders and other policies of the ICB.

## 2. Purpose

- 2.1 NHS England and NHS Improvement have outlined the role of the ICS in the delivery of integrated care in the paper 'Integrating care: Next steps to building strong and effective integrated care systems across England'. The ICS's role is to serve four fundamental purposes:

- improving population health and healthcare;
- tackling unequal outcomes and access;
- enhancing productivity and value for money;
- helping the NHS to support broader social and economic development.

- 2.2 The Committee will contribute to the overall delivery of the ICB objectives by providing oversight and assurance to the Board for matters relating to system resources allocation, performance against strategic plans and financial performance:

- 2.2.1 Efficiency, outcomes and value for money in the use of resources across the ICB footprint;

- 2.2.2 Financial performance of the ICB;

- 2.2.3 Financial performance of NHS organisations within the ICB footprint.

- 2.3 Specific areas covered are:

- 2.3.1 Improving population health and healthcare: by ensuring that resources are prioritised to support:
- improvement in health outcomes;



- increased efficiency and value for money of the delivery of healthcare across the ICS.

2.3.2 Tackling unequal outcomes and access: by ensuring that resources are prioritised to support:

- reducing health inequalities;
- increasing social justice and health equity.

2.3.3 Enhancing productivity and value for money: by ensuring that resources are prioritised to support:

- the system to take a value-based healthcare approach across organisations and programmes of care;
- delivery of enhanced efficiency, productivity and value for money through the application of rigorous management of resources, prioritisation and benefits realisation approaches.

2.3.4 Helping the NHS to support broader social and economic development, by ensuring that resources are allocated to support the strategic objectives as set out through the integrated care partnership.

2.4 Oversee the collective management of system resources and performance system/place-based and organisational levels, contributing to the wider System Oversight Framework held by the ICS Board, in particular with responsibility for providing the evidence for the domain “Finance and Use of Resources”.

2.5 Request devolution of programme funding (assuming Segment 1 earned autonomy) and take proportionate control over the deployment of improvement resources made available through regional improvement hubs.

2.6 Request access to funding to provide peer support to other organisations, and benefit from a streamlined business case approval process.

2.7 The System Resource Committee has no executive powers, other than those delegated in the SoRD and specified in these terms of reference.

### **3. Delegated Authority**

3.1 The System Resources Committee is a formal committee of the ICB. The Board has delegated authority to the Committee as set out in the Scheme of Reservation and Delegation and may be amended from time to time.

- 3.2 The System Resource Committee is authorised by the Board to:
- 3.2.1 Investigate any activity within its terms of reference;
- 3.2.2 Seek any information it requires within its remit, from any employee or member of the ICB (who are directed to co-operate with any request made by the Committee) as outlined in these terms of reference;
- 3.2.3 Commission any reports it deems necessary to help fulfil its obligations;
- 3.2.4 Obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary to fulfil its functions. In doing so the Committee must follow any procedures put in place by the ICB for obtaining legal or professional advice;
- 3.2.5 Create task and finish sub-groups in order to take forward specific programmes of work as considered necessary by the Committee's members. The Committee shall determine the membership and terms of reference of any such task and finish sub-groups in accordance with the ICB's constitution, Standing Orders and Scheme of Reservation and Delegation (SoRD) but may not delegate any decisions to such groups.
- 3.3 For the avoidance of doubt, the Committee will comply with, the ICB Standing Orders, Standing Financial Instructions and the SoRD.

#### **4. Membership**

##### **4.1 Membership**

- 4.1.1 The Committee members shall be appointed by the Board in accordance with the ICB Constitution.
- 4.1.2 The Board will appoint no fewer than five members of the Committee including:
- Independent Non-Executive Director of the ICB who leads on Resources (Chair);
  - A Non-Executive Director who ideally holds a finance qualification – this could be a co-opted member from one of the ICS Partner Boards (Vice Chair);
  - Chief Executive Officer of the ICB;
  - Chief Financial Officer of the ICB;

- Director of Strategy and Transformation of the ICB;
- Director of Operational Planning and Performance of the ICB.

4.1.3 Members will possess between them knowledge, skills and experience in accounting; risk management; strategic and financial planning; and technical or specialist issues pertinent to the ICB's business. When determining the membership of the Committee, active consideration will be made to diversity and equality.

#### 4.2 Chair and vice chair

4.2.1 In accordance with the constitution, the Committee will be chaired by an Independent Non-Executive Director of the ICB appointed on account of their specific knowledge skills and experience making them suitable to chair the Committee.

4.2.2 The Chair of the Committee shall be independent and therefore may not chair any other committees.

4.2.3 Committee members may appoint a Vice Chair who will be a Non-Executive Director who holds a finance qualification – this could be a committee member co-opted from one of the ICS Partner Boards.

4.2.4 The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these ToR.

#### 4.3 Attendees and other Participants

4.3.1 Only members of the Committee have the right to attend Committee meetings, however all meetings of the Committee may also be attended by other invited and appropriately nominated individuals who are not members of the Committee. Other individuals may be invited to attend all or part of any meeting as and when appropriate to assist it with its discussions on any particular matter including representatives from the health and wellbeing board(s), secondary, mental health and community providers, notably:

- Directors of Finance of each main health system Provider partner (Community & Mental Health; Acute);
- Directors of Strategy of each main health system Provider partner (Community & Mental Health; Acute);
- Director of Finance and Director of Strategy of the Local Authority; notably as required for specific agenda items.

- One Independent Non-Executive Director of each main system partner (Community & Mental Health; Acute; Local Authority), who chairs their equivalent committee responsible for the allocation and utilisation of financial and other material resources.

4.3.2 The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.

4.3.3 The Chair of the ICB may also be invited to attend one meeting each year in order to gain an understanding of the Committee's operations.

#### 4.4 Attendance

4.4.1 Where an attendee of the Committee (who is not a member of the Committee) is unable to attend a meeting, a suitable alternative may be agreed with the Chair.

#### 4.5 Structure

4.5.1 The business of the Committee shall consist of two sections:

- Organisational Finance - the business of ICB internal financial matters, equivalent to partner organisations' internal finance/resources committees.
- System Finance – the broader system financial performance and position including ongoing work regarding value.

### 5. **Quoracy**

5.1 Quoracy is defined as a minimum of 50% of the Committee's core membership which must include the Chair or Vice-Chair or their nominated deputy.

5.2 Where partner members are included in the core membership of the Committee, business planners for meetings will be designed to make optimal use of partner time, meaning that they may not be required for all of every meeting. Where this is the case, their absence will not affect the quoracy of the meeting.

5.3 If any member of the Committee has been disqualified from participating in an item on the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.

- 5.4 If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

## **6. Voting and decision-making**

- 6.1 Decisions will be taken in accordance with the Standing Orders. The Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.
- 6.2 Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter. Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote.
- 6.3 If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis through the use of telephone, email or other electronic communication. Where any such action has been taken between meetings, then these will be reported to the next meeting. For the avoidance of doubt, this provision applies to and facilitates the Committee's decision making by email, should this be required to expedite an urgent decision.

## **7. Frequency and notice of meetings**

- 7.1 The System Resource Committee will meet at least 6 times a year. Arrangements and notice for calling meetings are set out in the Standing Orders. Additional meetings may take place as required.
- 7.2 The Board, Chair or Chief Executive may ask the System Resource Committee to convene further meetings to discuss particular issues on which they want the Committee's advice.
- 7.3 In accordance with the Standing Orders, the Committee may meet virtually when necessary and members attending using electronic means will be counted towards the quorum

## **8. Committee secretariat**

- 8.1 The Committee shall be supported with a secretariat function which will include ensuring that:

- 8.1.1 The agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant executive lead;
  - 8.1.2 Attendance of those invited to each meeting is monitored and those that do not meet the minimum attendance requirements are highlighting to the Chair;
  - 8.1.3 Except in the event of urgent meetings, a minimum of ten days' notice of a meeting of the Committee will normally be provided confirming the venue, time and date together with an agenda of items to be discussed. Supporting papers will normally be issued 5 working days before the meeting;
  - 8.1.4 All members or attendees at the Committee are required to declare any potential or actual conflict of interest before items are discussed. There will be a standing agenda item at the beginning of each meeting for this purpose. Even if an interest has been recorded in the register of interests, it must still be declared in meetings where matters relating to that interest are records of members' appointments and renewal dates and the Board is prompted to renew membership and identify new members where necessary;
  - 8.1.5 Good quality minutes are taken in accordance with the standing orders and agreed with the chair so that a record is kept of matters arising, action points and issues carried forward;
  - 8.1.6 The Chair is supported to prepare and deliver reports to the Board;
  - 8.1.7 The Committee is updated on pertinent issues/ areas of interest/ policy developments;
  - 8.1.8 Action points are taken forward between meetings and progress against those is monitored.
  - 8.2 All members or attendees at the Committee are required to declare any potential or actual conflict of interest before items are discussed. There will be a standing agenda item at the beginning of each meeting for this purpose. Even if an interest has been recorded in the register of interests, it must still be declared in meetings where matters relating to that interest are records of members' appointments and renewal dates and the Board is prompted to renew membership and identify new members where necessary.
- 9. Remit and responsibilities of the Committee**
- 9.1 The System Resource Committee will contribute to the overall delivery of the ICB objectives by providing oversight and assurance to the Board for matters

relating to system resources allocation, performance against strategic plans and strategic financial performance.

- 9.2 Each Integrated Care Board Committee will have a remit which encompasses two primary areas of responsibility.
- 9.2.1 The Committee will exercise the delegated authority of the Board to execute assurance against a sub-set of its statutory duties and functions.
- 9.2.2 The Committee will retain oversight of progress against the Integrated Care Board's strategic priorities through the developing partnership and integrated working of its members.
- 9.3 This balanced approach will ensure that the governance focus of the Committee spans both current performance and risk as well as strategic development and system effectiveness.
- 9.4 Committees will have a core membership spanning both areas of its responsibility, which can be enhanced as required by the addition of co-opted attendees or participants who are invited to contribute to the debate and deliberation of the Committee. The decision on the use of co-opted attendees or participants rests with the Chair of the Committee.
- 9.5 The Committee will provide oversight and assurance to the Board in relation to:
- 9.6 Efficiency, Outcomes and Value for Money in the use of resources:
- 9.6.1 System Resources Allocation
- Improve population health and healthcare delivery by ensuring that resources are prioritised to support improvement in health outcomes and increased efficiency and value for money of the delivery of healthcare across the ICS;
  - Assure the approach to distribute the resource allocation through commissioning and direct allocation to drive agreed change based on the ICB strategy;
  - Support the ICS objective of tackling unequal outcomes and access by ensuring that resources are prioritised to support programmes that reduce health inequalities and / or increase social justice and health equity;

- Support the ICS to support broader social and economic development, by ensuring that resources are allocated to support the strategic objectives as set out through the integrated care partnership;

9.6.2 Agree the proposed process regarding the deployment of system-wide transformation funding in line with SOF segmentation and earned autonomy.

9.6.3 Enhance Productivity and Value for Money:

- Provide leadership across the system to ensure a value-based healthcare approach across organisations and programmes of care;
- Assure the delivery of enhanced efficiency, productivity and value for money through the application of rigorous management of resources, prioritisation and benefits realisation approaches to ensure financial resources are used in an efficient way to deliver the objectives of the ICB;
- to monitor the identification and delivery of system efficiencies across the ICB, in particular opportunities at system level where the scale of the ICB partners together and the ability to work across organisations can be leveraged;
- to receive exception reports on any material breaches of the delivery of agreed efficiency improvement plan including the adequacy of proposed remedial action plans.

9.7 Financial Performance of the ICB

9.7.1 System financial management framework

- to agree the strategic financial framework of the ICB;
- to have oversight of the ICB financial information systems and processes to be used for financial planning in line with the strategy and national guidance;
- to oversee and recommend proposals to allocate resources where appropriate across ICS partners to address finance and performance related issues that may arise;
- to consider all major and material investment/disinvestment service changes or efficiency schemes prior to submission to the Board for approval where appropriate.

9.7.2 Financial monitoring information

- to receive assurance on the effective monitoring of the ICB in-year financial performance against plan, with consideration of underlying



activity and relevant performance data as appropriate, identifying key issues and risks requiring discussion or decision by the Board;

- to oversee and challenge the financial position and financial impacts (both short and long-term) to support decision-making;
- to be assured that all plans and reports are supported by robust activity and financial information;
- to be assured that there is robust financial and activity modelling to support the ICB priority areas;
- Provide oversight of the Financial Strategy including the medium-term financial plan (MTFP)
- to be assured there is a robust understanding of where costs sit across the system, the drivers of system cost, and the impacts of service change on costs;
- to oversee the development of an approach with partners, including the ICB health and care partnership, to ensure the relationship between cost, performance, quality and environment sustainability are understood;
- to be assured that appropriate information is reported to manage financial issues, risks and opportunities across the ICB;
- to consider and comment on strategic risks on the corporate risk register.
- to have oversight of the financial position of ICS partners, and how this relates to the system control total to ensure that we achieve the best financial outcome for the system;
- to receive in year financial performance reports from ICS partners which are based on common approaches, estimates and judgements.

### 9.7.3 Performance

- Assure the ICB's performance against the Constitution and other Local Performance Measures.
- Assure that the underpinning systems and processes for data collection and management are robust and provide relevant, timely and accurate information to support the operational management of the organisation.

### 9.7.4 Capital

- Have oversight of the system estates strategy and plan to ensure it properly balances clinical, strategic and affordability drivers;
- Receive assurance that the estates plan is built into system financial plans;
- Assure the System capital programme and annual capital budgets against the capital envelope and consider actions that need to be taken

to ensure that it is appropriately and completely used and recommend to the ICB;

- Consider proposals for investment in line with an agreed prioritisation process for the ICB and NHS partner organisations;
- Review recommendations from the capital prioritisation process and assure recommendation to the Board for approval.

9.8 Approval of policies and standard operating procedures (SOPs) as relevant to the committee's business.

## **10. Relationship with the ICB and other groups / committees / boards**

10.1 The System Resources Committee is directly accountable to the ICB. The minutes of meetings shall be formally recorded. The Committee will advise the Audit Committee on the adequacy of assurances available and contribute to the Annual Governance Statement.

10.2 The Committee will have oversight of and approve the Terms of Reference and work programmes for the groups reporting into the System Resources Committee.

10.3 The Committee will receive scheduled assurance report from its delegated groups. Any delegated groups would need to be agreed by the ICB Board.

10.4 To work closely with the other committees in the ICB where appropriate and relevant e.g. implementation of the Internal Audit recommendations and receive assurances to the Audit Committee.

10.5 To work closely with the other finance/resource committees in the ICS where appropriate and relevant to ensure consistency in best practise and appropriate transparency in the oversight, monitoring and probity of the use of public resources.

10.6 To investigate identified areas of concern with regard to the ICB's internal controls referred by another committee or the Board of the ICB

## **11. Policy and best practice**

11.1 When considering matters, the Committee should take into account the following points:

11.1.1 All statutory requirements applicable to CCGs (including Accounting, Health and Safety, Information Security, etc.);

11.1.2 NHS England requirements and standards;

11.1.3 Best professional practice and standards;

11.1.4 NHS Best practice and guidance;

11.1.5 Emerging risks and issues.

11.2 The Committee will have full authority to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary, within its terms of reference and within a limit determined by the Chief Finance Officer.

## **12. Monitoring and Reporting**

12.1 When considering matters, the Committee should take into account the following points:

12.1.1 The Committee is accountable to the Board and shall report to the Board on how it discharges its responsibilities;

12.1.2 The minutes of the meetings shall be formally recorded by the secretary and submitted to the Board in accordance with the Standing Orders;

12.1.3 The Chair will provide assurance reports to the Board after each meeting and shall draw to the attention of the Board any issues that require disclosure to the Board or require action;

12.2 The Committee will provide an annual report to the Board to describe how it has fulfilled its terms of reference, details on progress and a summary of key achievements in delivering its responsibilities.

## **13. Conduct of the Committee**

13.1 Members will be expected to conduct business in line with the ICB values and objectives.

13.2 Members of, and those attending, the Committee shall behave in accordance with the ICB's Constitution, Standing Orders, and Standards of Business Conduct Policy.

13.3 Conflicts of interest

- 13.3.1 In discharging duties transparently, conflicts of interest must be considered, recorded and managed. Members should have regard to both the ICB's policies and national guidance on managing conflicts of interest.
- 13.3.2 All potential conflicts of interest must be declared and recorded at the start of each meeting. A register of interests must be maintained by the Chair and submitted to the Board. If the Chair considers a conflict of interest exists then the relevant person must not take part in that item, and the Chair may require the affected member to withdraw at the relevant point.
- 13.4 Equality and diversity
- 13.5 Members must demonstrably consider the equality and diversity implications of decisions they make.
- 14. Review of ToR**
- 14.1 The Committee will review its effectiveness at least annually. These terms of reference will be reviewed at least annually and more frequently if required. Any proposed amendments to the terms of reference will be submitted to the Board for approval.



**Agenda Item 8a-c**

**Integrated Care Board**

**1 July 2022**

<b>Report Title</b>	<b>Scheme of Reservation and Delegation (SoRD) Standing Financial Instructions (SFIs) Detailed Scheme of Delegation</b>			
<b>Purpose (X)</b>	<b>For Information</b>	<b>For Discussion</b>	<b>For Decision</b>	
			<b>Approval</b>	
<b>Route to this meeting</b>	The SoRD and SFIs have been shared with system partners via the Review Hub and have been submitted to NHS England and Improvement (NHSEI) as part of the governance submission in May and have been approved. The detailed scheme of delegation is included as this covers financial limits.			
	<b>ICB Internal</b>	<b>Date</b>	<b>System Partner</b>	<b>Date</b>
	Development of the documents in discussion with Chair, CEO with CFO and Governance lead	March – June 2022	Review Hub	May 2022
<b>Executive Summary</b>	<p>The Scheme of Reservation and Delegation (SoRD) is a key corporate document that sets out those duties and decisions reserved by NHSEI and the board of the ICB and those duties and responsibilities specifically delegated to ICB committees and executive directors of the ICB.</p> <p>The purpose of these SFIs is to ensure that the ICB fulfils its statutory duty to carry out its functions effectively, efficiently and economically. The SFIs are part of the ICB’s control environment for managing the organisation’s financial affairs as they are designed to ensure regularity and propriety of financial transactions. The SFIs define the purpose, responsibilities, legal framework and operating environment of the ICB. They enable sound administration, lessen the risk of irregularities and support commissioning and delivery of effective, efficient and economical services. A detailed scheme of delegation is included (Agenda 8c).</p>			
<b>Key Issues to note</b>	<p>The SoRD and SFIs have been shared with system partners via the Review Hub and have been submitted to NHS England and Improvement (NHSEI) as part of the governance submission. The SFIs have been updated with minor changes since the earlier version to reflect national guidance</p> <p>SFIs have been cross referenced to the SoRD and no changes are needed to the SORD.</p>			

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<b>Key Risks:</b>	If the ICB did not have a sound system of reservation and delegation, SFIs and delegated limits there would be a lack of internal controls and very poor governance.		
<b>Original Risk (CxL)</b>	(4x3) 12		
<b>Residual Risk (CxL)</b>	The residual risk left after action has been taken to put in place the SoRD, SFIs and detailed delegated scheme (4x1) 4 (residual, meaning accepted risk)		
<b>Management of Conflicts of Interest</b>	There have been no conflicts of interests in developing the SoRD, SFIs or delegated financial limits		
<b>Resource Impact (X)</b>	<b>Financial</b>	X	<b>Information Management &amp; Technology</b>
	<b>Human Resource</b>	X	<b>Buildings</b>
<b>Financial Impact</b>	The SFIs and detailed scheme of delegation provides the financial framework within which the ICB can operate		
<b>Regulatory and Legal Issues (including NHS Constitution)</b>	The SoRD is cross-reference to relevant legislation and the SFIs incorporates legal provisions as required.		
<b>Impact on Health Inequalities</b>	N/A		
<b>Impact on Equality and Diversity</b>	N/A		
<b>Impact on Sustainable Development</b>	N/A		
<b>Patient and Public Involvement</b>	N/A		
<b>Recommendation</b>	The Board is requested to approve: <ul style="list-style-type: none"> <li>• Scheme of Reservation and Delegation (SoRD)</li> <li>• Standing Financial Instructions (SFIs)</li> <li>• Detailed Scheme of Delegation</li> </ul>		
<b>Author</b>	Christina Gradowski Cath Leech	<b>Role Title</b>	Associate Director of Corporate Affairs Chief Finance Officer
<b>Sponsoring Director (if not author)</b>	Cath Leech, Chief Finance Officer		

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<b>Glossary of Terms</b>	<b>Explanation or clarification of abbreviations used in the paper</b>
ICS	Integrated Care System
ICB	Integrated Care Board
GHC	Gloucestershire Health & Care Foundation Trust
GHFT	Gloucestershire Hospitals NHS Foundation Trust
GCC	Gloucestershire County Council
VCSE	Voluntary, Community and Social Enterprise



# NHS Gloucestershire Integrated Care Board

## Scheme of Reservation and Delegation (SoRD)

v1.0  
1<sup>st</sup> July 2022

## 1. Background

- 1.1. NHS England has set out the following as the four core purposes of Integrated Care Systems:
- a) improve outcomes in population health and healthcare;
  - b) tackle inequalities in outcomes, experience and access;
  - c) enhance productivity and value for money;
  - d) help the NHS support broader social and economic development.
- 1.2. The Integrated Care Board will use its resources and powers to achieve demonstrable progress on these aims, collaborating to tackle complex challenges, including:
- improving the health of children and young people
  - supporting people to stay well and independent
  - acting sooner to help those with preventable conditions
  - supporting those with long-term conditions or mental health issues
  - caring for those with multiple needs as populations age
  - getting the best from collective resources so people get care as quickly as possible.
- 1.3. ICBs are statutory bodies and as such their powers, functions and duties are conferred, in the main, by legislation. Additional responsibilities for other functions may be conferred through delegation to the ICB from other bodies (such as NHS England and NHS Improvement).
- 1.4. ICBs are able to delegate to a committee or sub-committee of the board, or to an individual member of the board or an employee. The legislation gives the ICB board flexibility to appoint to ICB committees and sub-committees members who are neither ICB employees nor board members. In addition, ICBS' have the power to agree with specified other statutory organisations (NHS trusts/foundation trusts, local authorities) that they will exercise their functions on behalf of the ICB or jointly with the ICB.
- 1.5. This Scheme of Reservation and Delegation (SoRD) sets out those decisions that are reserved to the ICB Board and those decisions that have been delegated to ICB Committees, individuals, joint committees and other statutory organisations.



2. Background	Reference
The power to obtain information from the ICB and intervene where NHS England is satisfied that the ICB is failing, or has failed, to discharge any of its functions or that there is a significant risk that it will fail to do so.	S 14Z58 of NHS Act 2006 and s.14Z59). <sup>1</sup> Constitution 1.4.8
Approval of the ICB Constitution and any changes made to it; changes to the ICB constitution will not be implemented until, and are only effective from, the date of approval	Constitution 1.5.1 1.5.3
Variation of the ICB Constitution other than on application by the ICB;	para 15 Schedule 1B NHS Act 2006 Constitution 1.6.1b
Appointment of the ICB Chair, with approval of the Secretary of State	Constitution 3.3.1
Removal of the ICB Chair, subject to the approval of the Secretary of State	Constitution 3.13.4
Terminate the appointment of the Chief Executive and direct the Chair as to the appointment of a replacement where NHSE is satisfied that the ICB is failing or has failed to discharge any of its functions or there is a significant risk that the ICB will fail to do so	Constitution 3.13.6
Remuneration of ICB Chair	Constitution 3.14.1

<sup>1</sup> To update with the Health Bill amendment of the 2006 Act to confer on ICBs the functions of primary care commissioning.



3. Decisions and functions reserved to the ICB Board	Reference
Consideration and approval of applications to NHS England on any matter concerning changes to the ICB's Constitution, including the Standing Orders	s14Z25 (5) and s1B NHS Act (2006) constitution 1.6.1a, 1.6.3
Make arrangements to publish the ICB Constitution	Constitution s1.4.4 s. 14Z29 NHS Act (2006).
Approve arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.	s14Z34 NHS Act (2006) Constitution 1.4.5, 1.4.7, 4.2.1, 4.2.2
Formal review of the ICB Constitution at the end of year three of the ICB's establishment.	Constitution 1.6.2
Approval of the Partner Role Profiles, Nominations & Appointment process	Constitution 3.5.4
Appointment of the Board of the ICB	Constitution s2.1.4 para 3 of Sch 1B 2006 Act
Appointment of the ICB Independent Non-Executive Members	Constitution 3.11.1
Comply with directions and guidance issued by Secretary of State for Health and Social Care, NHS England; and have regard to statutory guidance including that issued by NHS England;	Constitution 4.2.1 (a, b, c, d)
Respond to reports and recommendations made by local Healthwatch organisations within the ICB area	Constitution 4.2.1 (f)

3. Decisions and functions reserved to the ICB Board	Reference
Under section 65Z5 of the 2006 Act, the ICB may arrange with another ICB, an NHS trust, NHS foundation trust, NHS England, a local authority, combined authority or any other body prescribed in Regulations, for the ICB's functions to be exercised by or jointly with that other body or for the functions of that other body to be exercised by or jointly with the ICB	Constitution 4.3.2
Under section 75 of the 2006 Act, the ICB may enter partnership arrangements with a local authority including the establishment of the ICB and local authority pooled fund	Constitution 4.3.2 s. 65Z5 Health Act (2006)
Accountable for exercising its statutory functions and may grant authority to act on its behalf to: <ul style="list-style-type: none"> <li>• any of its members or employees</li> <li>• a committee or sub-committee of the ICB</li> </ul>	Constitution 4.3.1
Approve the SoRD and any amendments to the SoRD, which sets out: <ul style="list-style-type: none"> <li>• those functions that are reserved to the board;</li> <li>• those functions that have been delegated to an individual or to committees and sub committees;</li> <li>• those functions delegated to another body or to be exercised jointly with another body, under section 65Z5 and 65Z6 of the 2006 Act</li> </ul>	Constitution 4.4.2 & 4.4.3  s. 65Z5 and 65Z6 of the 2006 Act.
Determines the overarching vision of the ICB, the principles for working collaboratively and the joint system plan	<i>(New section 14Z50 of the Act refers.)</i>
Approve Functions and Decisions Map	Constitution 4.5.1
Establish Terms of Reference and reporting arrangements for all Committees of the Board	Constitution 4.6.3
Approval of amendments and changes to committee ToRs	Constitution 4.6.3 (c )



3. Decisions and functions reserved to the ICB Board	Reference
Receive reports from committees of the ICB including those which the ICB is required by its Constitution, or by NHS England, or the Secretary of State or by any other legislation, regulations, directions or guidance to establish and to take appropriate action	Constitution 4.6
Confirm the recommendations of committees where committees do not have executive powers	Constitution 4.6
Appoint and dismiss committees of the ICB that are directly responsible to the Board	Constitution 4.6.1
Enter into strategic or other transformation discussions with its partner organisations on an informal basis.	Constitution 4.7.5
Approve Standing Financial Instructions (SFIs)	SFIs 1.1.1 Constitution 5.2
Approve all disposals of property and/or land	SFIs 12
Approval of the arrangements for discharging the ICB's statutory financial duties.	constitution 5.2
Make arrangements for Registers of Interests to be maintained and published to: <ul style="list-style-type: none"> <li>• Members of the ICB;</li> <li>• Members of the Board's committees and sub-committees;</li> <li>• Its employees.</li> </ul>	s14Z30 NHS Act (2006) Constitution s6.3
Approve the Standards of Business Conduct Policy including the Conflicts of Interests Policy	Constitution 6.1.2
Comply with the ICB policy on conflicts of interest in line with their terms of office and/ or employment.	Constitution 6.1.3, 6.4.1
Approve the appointment of the Chair of the Audit Committee to be the Conflicts of Interests Guardian	Constitution 6.1.6

3. Decisions and functions reserved to the ICB Board	Reference
Approval of the annual NHSEI performance assessment of the ICB	Constitution 1.4.6
Approval of the ICB Long Term Plan and annual operational plan, including financial plans	Constitution 7.3.8
Approval of the ICB's Annual Report and Accounts	Constitution 7.5
Approve any urgent decisions taken by the Chair of the ICB Board for ratification in public session	SO s4.9.4 – 4.9.7
Approval of the arrangements for discharging the ICB's statutory duties associated with its commissioning functions, including but not limited to promoting the involvement of each patient, patient choice, reducing inequalities, improvement in the quality of services, obtaining appropriate advice and public engagement and consultation.	Constitution 1.4.5, 1.4.7, 4.2.1, 4.2.2
Approval of a comprehensive system of internal control, including budgetary control, that underpins the effective, efficient and economic operation of the ICB.	Constitution 4.2.2
Approval of the ICB's corporate budgets that meet the ICB's financial duties	Constitution 4.2.2
The exercise of Delegated Functions to empower the ICB to commission a range of primary care services for the people of Gloucestershire as described in the Delegation Agreement and delegated by NHS England to the ICB	S65Z5 NHS Act 2006 Delegation Agreement (ref) Delegation Agreement (ref.)
Establish effective, safe, efficient, and economic arrangements for the discharge of Delegated Functions	S65Z5 NHS Act 2006 Delegation Agreement (ref)

3. Decisions and functions reserved to the ICB Board	Reference
Develop an operational scheme of delegation defining those individuals or groups of individuals, including committees, who may discharge aspects of the Delegated Functions (this may be included in this Scheme of Reservation and Delegation) and determining the arrangements for the exercise of the Delegation Functions	S65Z5 NHS Act 2006 Delegation Agreement (ref.)
Ensuring the ICB compliance with the NHS Provider Selection Regime including approval of the ICB's Procurement Policy	Constitution 7.4.3
The ICB will comply with local authority Health Overview and Scrutiny requirements	Constitution 7.4.4
Effective discharge of legal duties in respect of initiatives that promote equality and address health inequalities.	Constitution Equality Act (2021)
Approve arrangements for handling complaints and ensuring publication of the process	Constitution 7.3.4
Approve arrangements for handling Freedom of Information requests.	Constitution 7.3.5
Approve arrangements for contributing to and working with agencies responsible for safeguarding for children's, adults and carers.	Constitution 1.4.5 Children Acts 1989 and 2004, and the Children and Families Act (2014); Adult safeguarding and carers (the Care Act 2014);
Receipt and approval a report showing the total allocations received and their proposed distribution including any sums to be held in reserve; and receive updates on significant changes to the initial allocation and the uses of such funds.	SFIs 3.2.1

3. Decisions and functions reserved to the ICB Board	Reference
Receive and review the Annual safeguarding report of safeguarding and the annual children in care report	Constitution 1.4.5
Decision to join the risk pooling schemes administered by the NHS Resolution or self-insure for some or all of the risks covered by the risk pooling schemes.	SFIs 14.1.4
Approve plans for public consultation in relation to service changes and reconfiguration	Constitution 1.4.7 section 14Z44
Approve Strategy for Public Involvement and Engagement – called Working with People & Communities	Constitution 1.7.3
Approve the ICB's People and OD Strategy	People Committee ToR
Approve the ICB Health & Safety Policy	Committee ToR
Approve the arrangements for discharging the ICB's statutory duties as an employer, including Human Resource and employment policies	Constitution 8
Approve any urgent decision taken by the Chair / CEO or relevant lead director in the case of committees) for ratification in public session	Standing Orders 4.9.5
Make arrangements for Board meetings to be held in public are enacted	Standing Orders 7.3.1
The joint committee for the ICB's area called the Integrated Care Partnership shall be established by the ICB and GCC the responsible local authority whose area coincides with or falls wholly or partly within the ICB's area	Interim guidance on functions and governance of the ICB

3. Decisions and functions reserved to the ICB Board	Reference
Make arrangements for partners across the ICS to develop arrangements for ensuring that the Integrated Care Partnership (ICP) and locality-based partnerships have representation from local people and communities in priority-setting and decision-making forums.	Constitution 9.1.5
Make arrangements with Gloucestershire County Council (GCC) to develop Gloucestershire NHS Integrated Care Strategy for its whole population using the best available evidence and data, covering health and social care (both children's and adult's social care), and addressing health inequalities and the wider determinants which drive these inequalities.	Interim guidance on functions and governance of the ICB
To have due regard to the ICP's - Gloucestershire NHS Integrated Care Strategy for its whole population	Interim guidance on functions and governance of the ICB

4. Decisions and functions reserved to the ICB Chair	Reference
Appointment of the Chief Executive	Constitution 3.4
Assessment, selection, and appointment of partner members is subject to the approval of the Chair	Constitution 3.5 - 3.7 inclusive
Appointment of the ICB Vice-Chair from one of the five independent Non-Executive Members	Constitution 3.11.1
Approval of appointment of the Independent Non-Executive Members	Constitution 3.11.2
Subject to satisfactory appraisal the Chair may approve the re-appointment of an independent non-executive member up to the maximum number of terms permitted for their role	Constitution 3.11.7
Approval of appointment of the Chief Medical Officer	Constitution 3.8



4. Decisions and functions reserved to the ICB Chair	Reference
Approval of appointment of the Chief Nursing Officer	Constitution 3.9
Approval of appointment of the Chief Finance Officer	Constitution 3.10
Approval of appointment of the Director of People, Culture and Engagement	Constitution 3.12.4
Approval of the appointment of the Director of Strategy and Transformation	Constitution 3.12.4
Approve the membership of commissioning boards, committees etc	Constitution 4.6.6
Authority to suspend Standing Orders with agreement of two other board members	Standing Orders 5.1
Authority to veto membership of commissioning boards / committees where the independence of the NHS is compromised.	Constitution 4.6.6

## 5. Decisions and functions delegated by the Board to the ICB Committees

5.1. Decisions and functions delegated by the Board to the ICB Audit Committee	Reference
To review the adequacy and effectiveness of the system of integrated governance, risk management and internal control across the whole of the ICB's activities that support the achievement of its objectives, and to highlight any areas of weakness to the Board	Committee Terms of Reference 7
To agree the risk management framework, policies and procedures ensuring that the risk management structure and processes within the ICB are robust and effective	SFIs 2.3 Committee Terms of Reference 7
Review the accounts prior to submission for audit, management's letter of representation to the external auditors; and the planned activity and results of both internal and external audit.	Committee Terms of Reference 7 SFIs 2.3
Establish an auditor panel as a sub group to ensure the contract arrangements, including the procurement and selection, with the External Auditors is appropriate	Committee Terms of Reference SFIs
Internal audit services provided under arrangements proposed by the chief financial officer are approved by the Audit and Risk Assurance Committee, on behalf of the ICB board	SFIs 10.1.2
Endorse and recommend the ICB internal audit charter and annual audit plan, to the ICB board	SFIs 10.1.4

5.1. Decisions and functions delegated by the Board to the ICB Audit Committee	Reference
Ensure there is an effective internal audit function including; costs of audit services, performance of service, review and approval of the annual internal audit plan, the findings of audit work including the Head of Internal Audit Opinion and management responses to these, adequate resourcing of the function.	SFIs 10.1
Review the work and findings of the External Auditor and management responses	SFIs 10.2
Review schedules of losses and compensations and make recommendations to the Board	SFIs 11.1.5
Review the annual report and financial statements prior to submission to the Board	SFIs 2.3
To be assured that the ICB has adequate arrangements in place for the counter fraud, bribery and corruption (including cyber security) that meet NHS Counter Fraud Authority's (NHSCFA) standards and shall review the outcomes of work in these areas.	Committee Terms of Reference 7
To review the adequacy and security of the ICB's arrangements for its employees, contractors and external parties to raise concerns, in confidence, in relation to financial, clinical management, or other matters.	Committee Terms of Reference 7
To provide assurance to the Board that there is an effective framework in place for the management of Information Governance within the ICB including risks associated with information governance	Committee Terms of Reference 7
To monitor the integrity of financial statements of the ICB and any formal announcements relating to its financial performance, ensure systems for financial reporting to the Board are subject to review	Committee Terms of Reference 7
To be assured that the ICB has adequate arrangements for the management of declared interests and conflicts of interest, including gifts and hospitality	Committee Terms of Reference 7

5.2. Decisions and functions delegated by the Board to the ICB Remuneration Committee	Reference
Determine all aspects of remuneration for the Chief Executive, Directors and other Very Senior Managers including but not limited to salary, (including any performance-related elements) bonuses, pensions and cars	17 to 19 of Schedule 1B NHS Act 2006 s3.13.1 Constitution Committee Terms of Reference 7
Determine arrangements for termination of employment and other contractual terms and non-contractual terms for the Chief Executive, Directors and other Very Senior Managers	17 to 19 of Schedule 1B NHS Act 2006 s3.13.1 Constitution Committee Terms of Reference 7
Determine all aspects of remuneration for the Independent Non-Executive members of the ICB Board	17 to 19 of Schedule 1B NHS Act 2006 s3.13.1 Constitution Committee Terms of Reference 7
Determine the ICB pay policy for all staff	17 to 19 of Schedule 1B NHS Act 2006 Committee Terms of Reference 7
Setting any allowances for members of committees and sub-committees of the ICB who are not members of the Board	Committee Terms of Reference 7
Oversee contractual arrangements for all staff	17 to 19 of Schedule 1B NHS Act 2006 Committee Terms of Reference 7
Determine arrangements for termination payments and any special payments for all staff	17 to 19 of Schedule 1B NHS Act 2006 Committee Terms of Reference 7

5.3. Decisions and functions delegated by the Board to the ICB System Resources Committee	Reference
<p>Committee will contribute to the overall delivery of the ICB objectives by providing oversight and assurance to the Board for matters relating to system resources allocation, performance against strategic plans and strategic financial performance:</p> <ul style="list-style-type: none"> <li>• Efficiency, outcomes and value for money in the use of resources across the ICB footprint</li> <li>• Financial performance of the ICB</li> <li>• Financial performance of NHS organisations within the ICB footprint</li> </ul>	Committee Terms of Reference 2
To agree key outcomes of the ICB financial strategy	Committee Terms of Reference 7
To agree the strategic financial framework of the ICB and monitor performance against it.	Committee Terms of Reference 7
Oversee the development of an approach with partners, including the ICB health and care partnership, to ensure the relationship between cost, performance, quality and environment sustainability are understood	Committee Terms of Reference 7

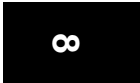
5.4. Decisions and functions delegated by the Board to the ICB Quality Committee	Reference
Develop and recommend to the ICB Board the key outcomes, quality and performance priorities to be included within the ICB strategy/ annual plan, including priorities to address variation/ inequalities in care	Committee terms of reference 7
Have oversight of and approve the Terms of Reference and work programmes for the groups reporting into the Quality Committee	Committee terms of reference 7



5.4. Decisions and functions delegated by the Board to the ICB Quality Committee	Reference
Scrutinise structures in place to support quality planning, control and improvement, to be assured that the structures operate effectively and timely action is taken to address areas of concern;	Committee terms of reference 7
Oversee and scrutinise the ICB's response to all relevant (as applicable to quality) Directives, Regulations, national standard, policies, reports, reviews and best practice as issued by the DHSC, NHSEI and other regulatory bodies / external agencies (e.g. CQC, NICE) to gain assurance that they are appropriately reviewed and actions are being undertaken, embedded and sustained	Committee terms of reference 7
Make arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.	Committee terms of reference 7
Cooperate with the Health Service Safety Investigations Body (HSSIB) when carrying out an investigation into the same or related incident, must cooperate with each other regarding practical arrangements for coordinating those investigations	Committee terms of reference 7
Make arrangements for Business Continuity & Emergency Planning	Committee terms of reference 7
Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities: <ul style="list-style-type: none"> <li>• Infection control;</li> <li>• Medicines optimisation and safety;</li> <li>• Equality and diversity as it applies to people drawing on services.</li> </ul>	Committee terms of reference 7
Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for safeguarding adults and children	Committee terms of reference 7
Make arrangements for the handling of complaints	Committee terms of reference 7

5.5. Decisions and functions delegated by the Board to the ICB People Committee	Reference
Oversee the development of the people strategy, ensuring it remains current and relevant to the people drivers and requirements of the One Gloucestershire Integrated Care System	Committee terms of reference 7
Hold the People Board to account for delivering the People Strategy and its impact in the One Gloucestershire Integrated Care System, including the external reporting requirements contained within the System Oversight Framework	Committee terms of reference 7
Ensure that the ICB has well defined system EDI objectives, underpinned by strategic plans, measures and reporting arrangements that strengthen accountability and progress	Committee terms of reference 7
Oversee the strategic approach to developing system leaders, shaping culture, and facilitating behaviour change within the system, creating an environment for success	Committee terms of reference 7
Make arrangements for discharging the ICB's statutory duties as an employer, including Human Resources policies	Committee terms of reference 7

5.6. Decisions and functions delegated by the Board to the ICB Primary Care & Direct Commissioning Committee	Reference
Decisions in relation to the commissioning, management, planning (including carrying out needs assessments), and undertaking reviews, of Primary Medical Services and other ancillary activities that are necessary to exercise the delegated functions	Delegation Agreement 2015 (2A inclusive) Committee Terms of Reference 9



5.6. Decisions and functions delegated by the Board to the ICB Primary Care & Direct Commissioning Committee	Reference
The management of Delegated Funds in relation to Primary Medical Services	Delegation Agreement 2015 (2A inclusive) Committee Terms of Reference 9
Co-ordinating a common approach to the commissioning and delivery of Primary Medical Services with other health and social care bodies	Delegation Agreement 2015 (2A inclusive) Committee Terms of Reference 9
The award of GMS, PMS and APMS contracts. This includes: the design of PMS and APMS contracts; and monitoring of contracts;	Delegation Agreement 2015 (2A inclusive) Committee Terms of Reference 9
Ensure action is taken related to issuing breach/remedial notices and removing a contract where there breaches occur.	Delegation Agreement 2015 (2A inclusive) Committee Terms of Reference 9
Design and commission Enhanced Services, including re-commissioning of services (in line with the ICB SFIs (put in reference)	Delegation Agreement 2015 (2A inclusive) Committee Terms of Reference 9
Design and offer Local Incentive Schemes for Primary Medical Services providers (in line with the ICB SFIs (put in reference)	Delegation Agreement 2015 (2A inclusive) Committee Terms of Reference
Make decisions on discretionary payments or support	Delegation Agreement 2015 (2A inclusive) Committee Terms of Reference 9



5.6. Decisions and functions delegated by the Board to the ICB Primary Care & Direct Commissioning Committee	Reference
Making decision regarding local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);	Delegation Agreement 2015 (2A inclusive) Committee Terms of Reference 9
Plan and manage Primary Care Networks	Delegation Agreement 2015 (2A inclusive) Committee Terms of Reference 9
Approve Primary Medical Services provider mergers and closures	Delegation Agreement 2015 (2A inclusive) Committee Terms of Reference 9
Make decisions in relation to the Premises Costs Directions Function	Delegation Agreement 2015 (2A inclusive) Committee Terms of Reference 9 SFIs
Make procurement decisions relevant to the exercise of the Delegated Functions in accordance with the detailed arrangements regarding procurement set out in the procurement protocol issues and updated by NHS England and in line with ICB SFIs	Delegation Agreement 2015 (2A inclusive) Terms of Reference 9
Agreeing arrangements for the delivery of Essential Services, Advance Services, and Enhanced Services across the ICB footprint	Delegati Committee Terms of Reference 9on Agreement 2015 (2A inclusive)



5.6. Decisions and functions delegated by the Board to the ICB Primary Care & Direct Commissioning Committee	Reference
Duty to consult with Local Medical Committees and other stakeholders in accordance with the duty of public involvement and consultation under section 14Z2 of the NHS Act;	Delegation Agreement Schedule (2A inclusive) Committee Terms of Reference 1.3
Approving consultations with patients, the public and other stakeholders to the extent required by the duty of public involvement and consultation under section 14Z2of the NHS Act 2006	Delegation Agreement Schedule (2A inclusive) Committee Terms of Reference 1.3
Committee shall report on and make recommendations to the ICB on the following: <ul style="list-style-type: none"> <li>• Primary medical care strategy for Gloucestershire;</li> <li>• Planning primary medical care services in Gloucestershire (including needs assessment).</li> </ul>	Committee Terms of Reference 9
The Committee will at the point of delegation of services related to community dentistry, pharmacy and optometry to the ICB, review its terms of reference and include these services within its committee remit.	Committee Terms of Reference 2.1.2
To publish information about such matters as may be prescribed in relation to primary medical services (including primary dental services, primary pharmacy and ophthalmic services, when delegated)	Delegation Agreement Schedule (2A inclusive)

6. Decisions and functions delegated to individual board members and employees		
Individual	Decisions and functions delegated to the individual	Reference
Chief Executive Officer	Convening a panel to advise on the appointment of ICB Board partner members	Constitution 3.5 - 3.7 inc
Chief Executive Officer	Appoint the Chief Medical Officer	Constitution 3.8.3
Chief Executive Officer	Appoint the Chief Nursing Officer	Constitution 3.9.3
Chief Executive Officer	Appoint the Chief Finance Officer	Constitution 3.10.3
Chief Executive Officer	Appoint the Director of People, Culture and Engagement	Constitution 3.12.1
Chief Executive Officer	Appoint the Director of Strategy and Transformation	Constitution 3.12.1
Chief Executive Officer	Ensure that lists of all contractors, for which the ICB is responsible, are maintained in an up to date condition; ensure that systems are in place to deal with applications, resignations, inspection of premises, etc., within the appropriate contractor's terms and conditions of service	SFIs 16.1.2
Director of People, Culture & Engagement	Ensures the ICB complies with Health and Safety laws and regulations.	Health & Safety at Work Act (1974); (2004)
Chief Nursing Officer	The CNO is designated the Accountable Emergency Officer	Quality Committee ToR
Chief Executive Officer	CEO is the accountable officer for the ICB and is personally accountable to NHS England for the stewardship of ICBs allocated resources.	SFIs 2.2.1

<b>6. Decisions and functions delegated to individual board members and employees</b>		
<b>Individual</b>	<b>Decisions and functions delegated to the individual</b>	<b>Reference</b>
Chief Executive Officer	Sets out the procedures on the seeking of professional advice regarding the supply of goods and services	SFIs 8.1.2
Chief Executive Officer	Endorses the ICB internal audit charter and annual audit plan	SFIs 10.1.4
Chief Executive Officer	To monitor and ensure compliance with Directions issued by the Secretary of State for Health and Social Care on NHS security management.	SFIs 10.3.1
Chief Financial Officer	Preparation and audit of annual accounts.	SFI 2.2.4
Chief Financial Officer	Ensuring that the allocated annual revenue and capital resource limits are not exceeded, jointly, with system partners.	SFIs 2.2.4
Chief Financial Officer	Ensure that there is an effective financial control framework in place to support accurate financial reporting, safeguard assets and minimise risk of financial loss.	SFIs 2.2.4
Chief Financial Officer	Meeting statutory requirements relating to taxation.	SFIs 2.2.4
Chief Financial Officer	Ensuring that there are suitable financial systems in place	SFIs 2.2.4
Chief Financial Officer	Meets the financial targets set for it by NHS England	SFIs 2.2.4
Chief Financial Officer	Use of incidental powers such as management of ICB assets, entering commercial agreements	SFIs 2.2.4
Chief Financial Officer	Planned budgets are approved by the relevant Board; developing the funding strategy for the ICB to support the board in achieving ICB objectives, including consideration of place-based budgets	SFIs 2.2.4
Chief Financial Officer	Adherence to the directions from NHS England in relation to accounts preparation;	SFI 2.2.4

6. Decisions and functions delegated to individual board members and employees		
Individual	Decisions and functions delegated to the individual	Reference
Chief Financial Officer	Ensure the Governance statement and Annual Accounts & Reports are signed	SFI 2.2.4
Chief Financial Officer	Ensure that planned budgets are approved by the Board; developing the funding strategy for the ICB to support the board in achieving ICB objectives, including consideration of place-based budgets	SFI 2.2.4
Chief Financial Officer	Making use of benchmarking to make sure that funds are deployed as effectively as possible	SFI 2.2.4
Chief Financial Officer	Executive members (partner members and non-executive members) and other officers are notified of and understand their responsibilities within the SFIs	SFI 2.2.4
Chief Financial Officer	Specific responsibilities and delegation of authority to specific job titles are confirmed;	SFIs 2.2.4
Chief Financial Officer	Provide financial leadership and ensuring financial performance of the ICB including advice to the Board of the ICB;	SFIs 2.2.4
Chief Financial Officer	Identification of key financial risks and issues relating to robust financial performance and leadership and working with relevant providers and partners to enable solutions;	SFIs 2.2.4
Chief Financial Officer	Responsible for maintaining policies and processes relating to the control, management and use of resources across the ICB	SFIs 3.1.1
Chief Financial Officer	To delegate the budgetary control responsibilities to budget holders through a formal documented process	SFIs 3.1.2



6. Decisions and functions delegated to individual board members and employees		
Individual	Decisions and functions delegated to the individual	Reference
Chief Financial Officer	<p>Financial leadership responsibility for the following statutory duties:</p> <ul style="list-style-type: none"> <li>the duty of the ICB, in conjunction with its partner NHS trusts and NHS foundation trusts, to exercise its functions with a view to ensuring that, in respect of each financial year;</li> <li>local capital resource use does not exceed the limit specified in a direction by NHS England;</li> <li>local revenue resource use does not exceed the limit specified in a direction by NHS England</li> </ul>	SFIs 3.1.4
Chief Financial Officer	<p>Prepare and submit budgets for approval by the Board of the ICB. Such budgets will:</p> <ul style="list-style-type: none"> <li>be in accordance with the aims and objectives set out in the plan;</li> <li>accord with workload and staffing plans;</li> <li>be produced following discussion with appropriate system partners and budget holders;</li> <li>be prepared within the limits of available funds (resource limits);</li> <li>identify potential risks.</li> </ul>	SFIs 3.3.2
Chief Financial Officer	Devise and maintain systems of budgetary control.	SFIs 3.6.1
Chief Financial Officer	Responsible for establishing effective systems and processes, including robust internal control mechanisms to discharge the ICB's statutory duties related to Income, banking arrangements and debt recovery in accordance with legal and regulatory requirements	SFIs 4 (inclusive)
Chief Financial Officer	Responsible for ensuring systems and processes are designed and maintained for the recording and verification of finance transactions such as payments and receivables for the ICB	SFIs 5
Chief Financial Officer	Take a lead role on behalf of the ICB to ensure that there are appropriate and effective financial, contracting including procurement, monitoring and performance arrangements in place to ensure the delivery of effective health services	SFIs 6 Public Contracts Regulations 2015 (PCR)

6. Decisions and functions delegated to individual board members and employees		
Individual	Decisions and functions delegated to the individual	Reference
Chief Financial Officer	Oversee and contract for NHS Security Management Services	SFIs 10.3.3
Chief Financial Officer	Responsible for ensuring appropriate arrangements are in place to provide adequate counter fraud provision. This includes reporting requirements to the Board and Audit Committee, and defining roles and accountabilities for those involved as part of the process of providing assurance to the Board	SFIs 10.4
All Executive Directors	Responsible for identifying and implementing cost improvements and income generation initiatives in accordance with the requirements of the Annual Operating Plan and a balanced budget	SFIs 3.7.2
Chief Financial Officer	Approval of the arrangements for ensuring appropriate and safekeeping and confidentiality of records and for the storage, management and transfer of information and data	SFIs 17 Health Records Act (2001) Records Management Code of Practice for Health and Social care 2016
Chief Financial Officer	Ensure that the payroll system has adequate internal controls and suitable arrangements for processing deductions and exceptional payments	SFIs 7.1
Chief Financial Officer	Ensure that at the commencement of each financial year, the ICB and its partner NHS trusts and NHS foundation trusts prepare a plan setting out their planned capital resource use	SFIs 13
Chief Financial Officer	Responsible for providing robust management of grants, including the governance of grants and assurance to the ICB	SFIs 13.2

<b>6. Decisions and functions delegated to individual board members and employees</b>		
<b>Individual</b>	<b>Decisions and functions delegated to the individual</b>	<b>Reference</b>
Chief Financial Officer	Ensure that contractors who are included on ICB's approved lists receive payments and that there is no evidence of inequality in payment value or method	SFIs 16.1.3
Chief Financial Officer	Responsible for the accuracy and security of the computerised financial data of the ICB whether this is 'in house' or hosted in an outsourced arrangement	SFIs 5.1
Director of People, Culture & Engagement	Operationally responsible for; <ul style="list-style-type: none"> <li>defining and delivering the organisation's overall human resources strategy and objectives; and</li> <li>overseeing delivery of human resource services to ICB employees.</li> <li>management and governance frameworks that support the ICB employees' life cycle</li> </ul>	SFIs 7.2
Director of People, Culture & Engagement	Leading system implementation of people priorities including delivery of the People Plan and People Promise by aligning partners across the ICS to develop and support 'one workforce', including through closer collaboration across the health and care sector, with local government, the voluntary and community sector and volunteers.	Committee Terms of Reference 7

<b>7. Decisions and functions delegated by the Board to be exercised jointly</b>		
<b>Joint committee</b>	<b>Decisions and functions delegated to the joint committee</b>	<b>Reference</b>



8. Decisions and functions delegated by the Board to other statutory bodies		
Statutory body	Decisions and functions delegated to the statutory body	Reference

9. Decisions and functions delegated to the board by other organisations		
Delegating body	Decisions and functions delegated by the delegating body	Reference
NHS England	Primary Care Commissioning – reference delegation agreement ( <i>TBC updated agreement expected</i> )	





# NHS Gloucestershire Integrated Care Board

## Standing Financial Instructions (SFIs)

v1.0  
1<sup>st</sup> July 2022

## 1. Purpose, Statutory Framework and Scope

- 1.1. These Standing Financial Instructions (SFIs) shall have effect as if incorporated into the Integrated Care Board's (ICB) constitution. In accordance with the National Health Service Act 2006, as amended by the Health and Care Act 2022, the ICB must publish its constitution.
- 1.2. In accordance with the Act, as amended, NHS England is mandated to publish guidance for ICBs, to which each ICB must have regard, in order to discharge their duties.
- 1.3. The purpose of these SFIs is to ensure that the ICB fulfils its statutory duty to carry out its functions effectively, efficiently and economically. The SFIs are part of the ICB's control environment for managing the organisation's financial affairs as they are designed to ensure regularity and propriety of financial transactions.
- 1.4. These SFIs define the purpose, responsibilities, legal framework and operating environment of the ICB. They enable sound administration, lessen the risk of irregularities and support commissioning and delivery of effective, efficient and economical services.
- 1.5. The ICB is established under Chapter A3 of Part 2 of the National Health Service Act 2006, as inserted by the Health and Care Act 2022 and has the general function of arranging for the provision of services for the purposes of the health services in England in accordance with the Act.
- 1.6. Each ICB is to be established by order made by NHS England for an area within England, the order establishing an ICB makes provision for the constitution of the ICB.
- 1.7. All members of the ICB (its board) and all other Officers should be aware of the existence of these documents and be familiar with their detailed provisions. The ICB SFIs will be made available to all Officers on the intranet and internet website for each statutory body.
- 1.8. Should any difficulties arise regarding the interpretation or application of any of these SFIs, the advice of the Chief Executive Officer or the Chief Financial Officer must be sought before acting.
- 1.9. Failure to comply with the SFIs may result in disciplinary action in accordance with the ICB's applicable disciplinary policy and procedure in operation at that time.

- 1.10. All officers of the ICB, without exception, are within the scope of the SFIs without limitation. The term officer includes permanent employees, secondees and contract workers.
- 1.11. Within this document, words imparting any gender include any other gender, words in the singular include the plural and words in the plural include the singular.
- 1.12. Any reference to an enactment is a reference to that enactment as amended.
- 1.13. Unless a contrary intention is evident, or the context requires otherwise, words or expressions contained in this document, will have the same meaning as set out in the applicable Act.

## **2. Roles and Responsibilities**

### **2.1. Staff**

- 2.1.1. All ICB Officers are severally and collectively, responsible to their respective employer(s) for:
- abiding by all conditions of any delegated authority;
  - the security of Gloucestershire ICB's property and avoiding all forms of loss;
  - ensuring integrity, accuracy, probity and value for money in the use of resources; and
  - conforming to the requirements of these SFIs
- 2.1.2. For any and all Directors and employees who carry out a financial function, the form in which financial records are kept and the manner in which directors and employees discharge their duties must be to the satisfaction of the Chief Financial Officer.

### **2.2. Accountable Officer**

- 2.2.1. The ICB constitution provides for the appointment of the Chief Executive Officer by the ICB chair. The Chief Executive Officer is the Accountable Officer for the ICB and is personally accountable to NHS England for the stewardship of ICB's allocated resources.
- 2.2.2. The Chief Financial Officer reports directly to the ICB Chief Executive Officer and is professionally accountable to the NHS England regional finance director.

2.2.3. The Chief Executive Officer and Chief Financial Officer will, as far as possible, delegate their detailed responsibilities, but they remain accountable for financial control.

2.2.4. The Chief Executive Officer will delegate to the Chief Financial Officer the following responsibilities in relation to the ICB:

- preparation and audit of annual accounts;
- adherence to the directions from NHS England in relation to accounts preparation;
- ensuring that the allocated annual revenue and capital resource limits are not exceeded, jointly, with system partners;
- ensuring that there is an effective financial control framework in place to support accurate financial reporting, safeguard assets and minimise risk of financial loss;
- meeting statutory requirements relating to taxation;
- ensuring that there are suitable financial systems in place (see Section 5)
- meeting the financial targets set by NHS England;
- use of incidental powers such as management of ICB assets, entering commercial agreements;
- ensuring the Governance statement and annual accounts and reports are signed;
- ensuring planned budgets are approved by the relevant Board; developing the funding strategy for the ICB to support the board in achieving ICB objectives, including consideration of place-based budgets;
- making use of benchmarking to make sure that funds are deployed as effectively as possible;
- ensuring that sufficient records are maintained to show and explain the ICB's transactions, in order to disclose, with reasonable accuracy, the financial position of the ICB at any time;
- provision of financial advice to other members of the Board and employees;
- ensuring that executive members (partner members and non-executive members) and other officers are notified of and understand their responsibilities within the SFIs;
- specific responsibilities and delegation of authority to specific job titles are confirmed;
- provision of financial leadership and financial performance of the ICB;
- identification of key financial risks and issues relating to robust financial performance and leadership and working with relevant providers and partners to enable solutions

- supporting a strong culture of public accountability, probity, and governance, ensuring that appropriate and compliant structures, systems, and process are in place to minimise risk and;
- ensuring money drawn from the Department of Health against the financing requirement arising from the Resource Limit is required for approved expenditure only, and is drawn down only at the time of need, following best practice as set out in 'Cash Management in the NHS'.

### 2.3. Audit Committee

2.3.1. The Board and Chief Executive Officer should be supported by an Audit Committee, which should provide proactive support to the board in advising on:

- the management of key risks;
- the strategic processes for risk;
- the operation of internal controls;
- control and governance and the governance statement;
- the accounting policies, the accounts, and the annual report of the ICB;
- the process for reviewing of the accounts prior to submission for audit, management's letter of representation to the external auditors; and the planned activity and results of both internal and external audit.

### 2.4. System Resources Committee

2.4.1. The Board and Chief Executive Officer should be supported by the System Resources Committee, which should provide proactive support to the board in advising on:

- matters relating to system resources allocation;
- performance against strategic plans;
- financial performance for the organisation and the NHS system performance.

### 2.5. Primary Care and Direct Commissioning Committee

2.5.1. The Board and Chief Executive Officer should be supported by a Primary Care and Direct Commissioning Committee, which should provide proactive support to the board in advising on:

- performance against strategic plans relevant to the committee's remit;
- financial performance for the areas within the committee's remit.

## 3. **Management Accounting and Business Management**

### 3.1. Chief Financial Officer responsibilities

- 3.1.1. The Chief Finance Officer is responsible for maintaining policies and processes relating to the control, management and use of resources across the ICB.
- 3.1.2. The Chief Financial Officer will delegate the budgetary control responsibilities to budget holders through a formal documented process.
- 3.1.3. The Chief Financial Officer will ensure:
- the promotion of compliance to the SFIs
  - the promotion of long-term financial health for the NHS system (including ICS);
  - budget holders are accountable for obtaining the necessary approvals and oversight of all expenditure incurred on the cost centres they are responsible for;
  - the improvement of financial literacy of budget holders with the appropriate level of expertise and systems training;
  - that the budget holders are supported in proportion to the operational risk; and
  - the implementation of financial and resources plans that support the NHS Long Term Plan objectives.
- 3.1.4. In addition, the Chief Financial Officer should have financial leadership responsibility for the following statutory duties:
- the duty of the ICB, in conjunction with its partner NHS trusts and NHS foundation trusts, to exercise its functions with a view to ensuring that, in respect of each financial year;
    - local capital resource use does not exceed the limit specified in a direction by NHS England;
    - local revenue resource use does not exceed the limit specified in a direction by NHS England;
  - the duty of the ICB to perform its functions to ensure that its expenditure does not exceed the aggregate of its allotment from NHS England and its other income; and
  - the duty of the ICB, in conjunction with its partner trusts, to seek to achieve any joint financial objectives set by NHS England for the ICB and its partner trusts.
- 3.1.5. The Chief Financial Officer and any senior officer responsible for finance within the ICB should also promote a culture where budget holders and decision makers consult their management accountants in key strategic decisions that carry a financial impact.

### 3.2. Allocations

#### 3.2.1. The Chief Financial Officer of the ICB will:

- periodically review the basis and assumptions used by NHS England for distributing allocations and ensure that these are reasonable and realistic and secure the ICB's entitlement to funds;
- prior to the start of each financial year submit to the ICB Board for approval a report showing the total allocations received and their proposed distribution including any sums to be held in reserve; and
- regularly update the ICB Board on significant changes to the initial allocation and the uses of such funds.

### 3.3. Annual Planning

#### 3.3.1. The Chief Executive Officer will compile and submit to the Board an Annual Operating Plan and Financial Budget which take into account financial targets and forecast limits of available resources. The plan will contain:

- a statement of the significant assumptions on which the plan is based;
- details of major changes in workload, delivery of services or resources required to achieve the plan.

#### 3.3.2. Prior to the start of the financial year the Chief Financial Officer will, on behalf of the Chief Executive Officer, prepare and submit budgets for approval by the Board. Such budgets will:

- be in accordance with the aims and objectives set out in the plan;
- accord with workload and staffing plans;
- be produced following discussion with appropriate system partners and budget holders;
- be prepared within the limits of available funds (resource limits);
- identify potential risks.

#### 3.3.3. All budget holders must provide information as required by the Chief Financial Officer to enable budgets to be compiled.

### 3.4. Budgetary Delegation

#### 3.4.1. The Chief Executive Officer may delegate the management of a budget to permit the performance of a defined range of activities. This delegation must be in writing and be accompanied by a clear definition of:

- the amount of the budget;
- the purpose(s) of each budget heading;
- individual and group responsibilities;
- authority to exercise virement;



- achievement of planned levels of service;
- the provision of regular reports.

3.4.2. The Chief Executive Officer and delegated budget holders must not exceed the budgetary total or virement limits set by the Board.

3.4.3. Any budgeted funds not required for their designated purpose(s) revert to the immediate control of the Chief Executive Officer, subject to any authorised use of virement.

3.4.4. Non-recurring budgets should not be used to finance recurring expenditure without the authority in writing of the Chief Executive Officer, as advised by the Chief Financial Officer.

### 3.5. Delegation of Commissioned Services

3.5.1. NHS England may delegate services to the ICB. The Chief Executive Officer must ensure that:

- a full due diligence process has been undertaken prior to the decision to accept the delegation of services to the ICB to ensure that the ICB has a full understanding of the responsibilities associated with the services to be delegated including the risks.
- appropriate systems and processes have been put in place to ensure the management of the delegated services delegated

3.5.2. The Chief Financial Officer must ensure that appropriate financial procedures are in place covering the delegated services

### 3.6. Budgetary Control

3.6.1. The Chief Financial Officer will devise and maintain systems of budgetary control. These will include:

- monthly financial reports to the Board in a form approved by the Board containing:
  - a) income and expenditure monitoring showing forecast year-end position;
  - b) balance sheet and cash flow statement;
  - c) capital project spend and projected outturn against plan;
  - d) explanations of any material variances from financial, workload and manpower budgets;
  - e) details of any corrective action where necessary and the Chief Executive Officer's and/or Chief Financial Officer's view of whether such actions are sufficient to correct the situation.

- the issue of timely, accurate and comprehensible advice and financial reports to each budget holder, covering the areas for which they are responsible;
- investigation and reporting of variances from budgets;
- monitoring of management action to correct variances;
- arrangements for the authorisation of budget transfers.

### 3.7. Budget Holder Responsibilities

#### 3.7.1. Each budget holder is responsible for ensuring that:

- they sign off their budget at the start of the year and provide accurate forecasts of out-turn on a monthly basis during the course of the year;
- any likely overspending or reduction of income which cannot be met by virement is not incurred without the prior consent of the Board and to provide full variance analysis from budgeted plan and corrective actions;
- the amount provided in the approved budget is not used in whole or in part for any purpose other than that specifically authorised, subject to the rules of virement;
- no permanent employees are appointed without the approval of the Chief Executive Officer other than those provided for within the available resources and manpower establishment as approved by the Board;
- they participate in finance training to develop the skills and knowledge necessary to discharge their financial management duties;
- they use the ICB's finance systems as required;
- where matters of financial control risk are identified, they are communicated to the Finance Team as a matter of urgency;
- they are accountable for their budgets and financial performance, even where contracts are negotiated on behalf of the ICB by another institution;
- they take responsibility for ensuring that new members of staff are paid the correct salary and for making sure that final payments to and from employees are correct;
- ensuring that the prices paid for goods are correct, represent value for money, that procedures are followed to prevent fraud and that all invoices are appropriately authorised and that the goods and services received are correct;
- they are available to work with the auditors and respond to questions or recommendations.

3.7.2. The Executive Team is responsible for identifying and implementing cost improvements and income generation initiatives in accordance with the requirements of the Annual Operating Plan and a balanced budget.

3.8. Virements

3.8.1. Virements cover all budget transfers carried out in the financial year apart from those enacting the Annual Operating Plan. Delegated limits for virement are provided in the Detailed Scheme of Delegation.

3.9. Reserves

3.9.1. Reserves cover all expenditure budgets not currently allocated to a budget holder and are held centrally.

3.10. Capital Expenditure

3.10.1. The general rules applying to delegation and reporting shall also apply to capital expenditure.

3.11. Monitoring Returns

3.11.1. The Chief Executive Officer is responsible for ensuring that the appropriate monitoring forms are submitted to the ICB's designated external regulators.

**4. Income, Banking Arrangements and Debt Recovery**

4.1. Income

4.1.1. An ICB has power to do anything specified in section 7(2) of the Health and Medicines Act 1988 for the purpose of making additional income available for improving the health service.

4.1.2. The Chief Financial Officer is responsible for:

- ensuring order to cash practices are designed and operated to support efficient, accurate and timely invoicing and receipting of cash. The processes and procedures should be standardised and harmonised across the NHS System by working cooperatively with the Shared Services provider; and
- ensuring the debt management strategy reflects the debt management objectives of the ICB and the prevailing risks;
- approving and regularly reviewing the level of all fees and charges other than those determined by the Department of Health or by Statute.

Independent professional advice on matters of valuation shall be taken as necessary.

4.1.3. All employees must inform the Chief Financial Officer promptly of money due arising from transactions which they initiate/deal with, including all contracts and any other transactions.

#### 4.2. Banking

4.2.1. The Chief Financial Officer is responsible for ensuring the ICB complies with any directions issued by the Secretary of State with regards to the use of specified banking facilities for any specified purposes.

4.2.2. The Chief Financial Officer will ensure that:

- the ICB holds the minimum number of bank accounts required to run the organisation effectively. These should be raised through the government banking services contract; and
- the ICB has effective cash management policies and procedures in place.;

#### 4.3. Debt Management

4.3.1. The Chief Financial Officer is responsible for the ICB debt management plan.

4.3.2. This includes:

- a debt management plan that covers end-to-end debt management from debt creation to collection or write-off in accordance with the losses and special payment procedures;
- ensuring the debt management plan covers a minimum period of 3 years and must be reviewed and endorsed by the ICB Audit Committee every 12 months to ensure relevance and provide assurance;
- accountability to the ICB board that debt is being managed effectively;
- accountabilities and responsibilities are defined with regards to debt management to budget holders; and
- responsibility to appoint a senior officer responsible for day to day management of debt.

4.3.3. The Chief Financial Officer is responsible for the appropriate recovery action on all outstanding debts.

4.3.4. Income not received should be dealt with in accordance with losses procedures.

4.3.5. Overpayments should be detected (or preferably prevented) and recovery initiated.

4.4. Security of Cash and Other Negotiable Instruments

4.4.1. The Chief Financial Officer is responsible for prescribing systems and procedures for handling cash and negotiable securities on behalf of the ICB.

4.4.2. Official money shall not under any circumstances be used for the encashment of private cheques or IOUs.

4.4.3. The holders of safe keys shall not accept unofficial funds for depositing in their safes unless such deposits are in special sealed envelopes or locked containers. It shall be made clear to the depositors that the ICB is not to be held liable for any loss, and written indemnities must be obtained from the organisation or individuals absolving the ICB from responsibility for any loss.

**5. Financial Systems and Processes**

5.1. Provision of Financial Systems

5.1.1. The Chief Financial Officer is responsible for ensuring systems and processes are designed and maintained for the recording and verification of finance transactions such as payments and receivables for the ICB.

5.1.2. The systems and processes will ensure, inter alia, that payment for goods and services is made in accordance with the provisions of these SFIs, related procurement guidance and prompt payment practice.

5.1.3. As part of the contractual arrangements for ICBs, officers will be granted access where appropriate to the Integrated Single Financial Environment (“ISFE”). This is the required accounting system for use by ICBs. Access is based on single access log on to enable users to perform core accounting functions such as the transacting and coding of expenditure/income in fulfilment of their roles.

5.1.4. The Chief Financial Officer will, in relation to financial systems:

- promote awareness and understanding of financial systems, value for money and commercial issues;
- ensure that transacting is carried out efficiently in line with current best practice – e.g. e-invoicing;



- ensure that the ICB meets the required financial and governance reporting requirements as a statutory body by the effective use of finance systems;
- enable the prevention and the detection of inaccuracies and fraud, and the reconstitution of any lost records;
- ensure that the financial transactions of the authority are recorded as soon as, and as accurately as, reasonably practicable;
- ensure publication and implementation of all ICB business rules and ensure that the internal finance team is appropriately resourced to deliver all statutory functions of the ICB;
- ensure that risk is appropriately managed;
- ensure identification of the duties of officers dealing with financial transactions and division of responsibilities of those officers;
- ensure the ICB has suitable financial and other software to enable it to comply with these policies and any consolidation requirements of the ICB;
- ensure that contracts for computer services for financial applications with another health organisation or any other agency clearly define the responsibility of all parties for the security, privacy, accuracy, completeness and timeliness of data during processing, transmission and storage. The contract should also ensure rights of access for audit purposes; and
- where another health organisation or any other agency provides a computer service for financial applications, the Chief Financial Officer shall periodically seek assurances that adequate controls are in operation
- ensure reasonable protection of the ICB 's data, programs and computer hardware from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage;
- ensure that reasonable controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;
- ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews are being carried out.

5.1.5. The Chief Financial Officer shall ensure that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation, assurances of adequacy must be obtained from them prior to implementation.

5.2. Requirements for Computer Systems which have an Impact on Corporate Financial Systems

- 5.2.1. Where computer systems have an impact on corporate financial systems the Chief Financial Officer shall need to be satisfied that:
- systems acquisition, development and maintenance are in line with corporate policies such as an Information Technology Strategy;
  - data produced for use with financial systems is adequate, accurate, complete and timely, and that a management (audit) trail exists;
  - only relevant staff have access to such data.

**6. Procurement and Purchasing**

6.1. Principles

- 6.1.1. The Chief Financial Officer will take a lead role on behalf of the ICB to ensure that there are appropriate and effective financial, contracting, monitoring and performance arrangements in place to ensure the delivery of effective health services.
- 6.1.2. The ICB must ensure that procurement activity is in accordance with the ICB Standing Orders, Public Contracts Regulations 2015 (PCR) and associated statutory requirements whilst securing value for money and sustainability.
- 6.1.3. The ICB must consider, as appropriate, any applicable NHS England guidance that does not conflict with the above.
- 6.1.4. The ICB must have a Procurement Policy which sets out all of the legislative requirements.
- 6.1.5. All revenue and non-pay expenditure must be approved, in accordance with the ICB business case policy, prior to an agreement being made with a third party that enters a commitment to future expenditure.
- 6.1.6. All officers must ensure that any conflicts of interest are identified, declared and appropriately mitigated or resolved in accordance with the ICB standards of business conduct policy.
- 6.1.7. Budget holders are accountable for obtaining the necessary approvals and oversight of all expenditure incurred on the cost centres they are responsible for. This includes obtaining the necessary internal and external approvals which vary based on the type of spend, prior to procuring the goods, services or works.

- 6.1.8. Undertake any contract variations or extensions in accordance with PCR 2015 and the ICB procurement policy.
- 6.1.9. Retrospective expenditure approval should not be permitted. Any such retrospective breaches require approval from any committee responsible for approvals before the liability is settled. Such breaches must be reported to the audit and risk assurance committee.
- 6.1.10. In all contracts entered into, the ICB shall endeavour to obtain best value for money. The Chief Executive Officer shall nominate an individual who shall oversee and manage each contract on behalf of the ICB.

## **7. Staff Costs and Staff-Related Non-Pay Expenditure**

### **7.1. Payroll**

- 7.1.1. The CFO will ensure that the payroll system has adequate internal controls and suitable arrangements for processing deductions and exceptional payments.
- 7.1.2. Where a third-party payroll provider is engaged, the CFO shall closely manage this supplier through effective contract management.

### **7.2. Director of People, Culture and Engagement**

- 7.2.1. The Director of People, Culture and Engagement will lead the development and delivery of the long-term people strategy of the ICB ensuring this reflects and integrates the strategies of all relevant partner organisations within the ICS.
- 7.2.2. Operationally the Director of People, Culture and Engagement will be responsible for:
  - defining and delivering the organisation’s overall human resources strategy and objectives; and
  - overseeing delivery of human resource services to ICB employees.
- 7.2.3. The Director of People, Culture and Engagement is responsible for management and governance frameworks that support the ICB employees’ life cycle.



## **8. Non-Pay Expenditure**

- 8.1.1. The Board will approve the level of non-pay expenditure on an annual basis and the Chief Executive Officer will determine the level of delegation to budget managers.
- 8.1.2. The Chief Executive Officer shall set out procedures on the seeking of professional advice regarding the supply of goods and services.
- 8.1.3. The Chief Financial Officer will:
- a) advise the Chief Executive Officer on the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in the scheme of reservation and delegation;
  - b) be responsible for the prompt payment of all properly authorised accounts and claims;
  - c) be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable.

## **9. Annual Reporting and Accounts**

- 9.1.1. The Chief Financial Officer will ensure, on behalf of the Chief Executive Officer and ICB board, that:
- the ICB is in a position to produce its required monthly reporting, annual report, and accounts, as part of the setup of the new organisation; and
  - the ICB, in each financial year, prepares a report on how it has discharged its functions in the previous financial year;
- 9.1.2. The annual report must, in particular, explain how the ICB has:
- discharged its duties in relating to improving quality of services, reducing inequalities, the triple aim and public involvement;
  - reviewed the extent to which the board has exercised its functions in accordance with its published 5 year forward plan and capital resource use plan; and
  - reviewed any steps that the board has taken to implement any joint local health and wellbeing strategy.
- 9.1.3. NHS England may give directions to the ICB as to the form and content of an annual report.
- 9.1.4. The ICB must give a copy of its annual report to NHS England by the date specified by NHS England in a direction and publish the report.

## 10. Audit, Security Management and Fraud

### 10.1. Internal audit

- 10.1.1. The Chief Executive Officer, as the Accountable Officer, is responsible for ensuring there is appropriate internal audit provision in the ICB. For operational purposes, this responsibility is delegated to the Chief Financial Officer to ensure that:
- a) all internal audit services provided under arrangements proposed by the Chief Financial Officer are approved by the Audit Committee, on behalf of the ICB board;
  - b) the ICB must have an internal audit charter. The internal audit charter must be prepared in accordance with the Public Sector Internal Audit Standards (PSIAS);
  - c) the ICB internal audit charter and annual audit plan, must be endorsed by the ICB Chief Executive Officer, Audit Committee and Board;
  - d) the head of internal audit must provide an annual opinion on the overall adequacy and effectiveness of the ICB Board's framework of governance, risk management and internal control as they operated during the year, based on a systematic review and evaluation;
  - e) the head of internal audit should attend Audit Committee meetings and have a right of access to all Audit Committee members, the Chair and Chief Executive Officer of the ICB.
  - f) the appropriate and effective financial control arrangements are in place for the ICB and that accepted internal and external audit recommendations are actioned in a timely manner.
  - g) The reporting system for Internal Audit shall be agreed between the Chief Finance Officer, the Audit Committee and the Head of Internal Audit shall comply with the guidance on reporting contained in the NHS Internal Audit Standards.

### 10.2. External Audit

- 10.2.1. The Chief Financial Officer is responsible for:
- a) liaising with external audit colleagues to ensure timely delivery of financial statements for audit and publication in accordance with statutory, regulatory requirements;
  - b) ensuring that the ICB appoints an auditor in accordance with the Local Audit and Accountability Act 2014; in particular, the ICB must appoint a local auditor to audit its accounts for a financial year not later than 31 December in the preceding financial year; the ICB must appoint a local auditor at least once every 5 years (ICBs will be informed of the transitional arrangements at a later date); and

- c) ensuring that the appropriate and effective financial control arrangements are in place for the ICB and that accepted external audit recommendations are actioned in a timely manner.

10.2.2. The External Auditor will provide an opinion on the ICB's annual financial statements, its Annual Governance Statement and Annual Report. It will make an assessment of the ICB's arrangements for securing economy, efficiency and effectiveness in its use of resources. The External Auditor is also required to give a Regularity Opinion on whether expenditure has been incurred 'as intended by Parliament'.

10.2.3. If there are any problems relating to the service provided by the External Auditor, then this should be raised with the External Auditor and referred on to the ICB Audit Committee if the issue cannot be resolved.

### 10.3. Security Management

10.3.1. In line with their responsibilities, the ICB Chief Executive Officer will monitor and ensure compliance with Directions issued by the Secretary of State for Health and Social Care on NHS security management.

10.3.2. The ICB shall nominate a suitable person to carry out the duties of the Local Security Management Specialist (LSMS) as specified by the Secretary of State for Health and Social Care guidance on NHS Security Management.

10.3.3. The ICB shall nominate the Chief Financial Officer to oversee and contract for NHS Security Management Services, who will report to the Board.

10.3.4. The Chief Executive Officer has overall responsibility for controlling and coordinating security. However, key tasks are delegated to the Security Management Director (SMD), or equivalent, and the appointed Local Security Management Specialist (LSMS).

### 10.4. Fraud, Bribery and Corruption (Economic Crime)

10.4.1. The ICB is committed to identifying, investigating and preventing economic crime.

10.4.2. The ICB Chief Financial Officer is responsible for ensuring appropriate arrangements are in place to provide adequate counter fraud provision which should include reporting requirements to the Board and Audit Committee, and defining roles and accountabilities for those involved as part of the process of providing assurance to the Board.

- 10.4.3. The CFO shall nominate a suitable person to carry out the duties of the Local Counter Fraud Specialist (LCFS) as specified by the NHS Counter Fraud Authority guidance.
- 10.4.4. These arrangements should comply with the NHS requirements Government Functional Standard 013 Counter Fraud as issued by NHS Counter Fraud Authority and any guidance issued by NHS England.

## **11. Losses and Special Payments**

- 11.1.1. HM Treasury approval is required if a transaction exceeds the delegated authority, or if transactions will set a precedent, are novel, contentious or could cause repercussions elsewhere in the public sector.
- 11.1.2. The Chief Financial Officer will support a strong culture of public accountability, probity, and governance, ensuring that appropriate and compliant structures, systems, and process are in place to minimise risks from losses and special payments.
- 11.1.3. NHS England has the statutory power to require the ICB to provide NHS England with information. The information, is not limited to losses and special payments, must be provided in such form, and at such time or within such period, as NHS England may require.
- 11.1.4. ICBs will work with NHS England teams to ensure there is assurance over all exit packages which may include special severance payments. ICBs have no delegated authority for special severance payments and will refer to the guidance on that to obtain the approval of such payments.
- 11.1.5. All losses and special payments (including special severance payments) must be reported to the ICB Audit Committee.
- 11.1.6. For detailed operational guidance on losses and special payments, please refer to the ICB losses and special payment guide which includes delegated limits.

## **12. Disposals and Condemnations**

- 12.1.1. The Chief Financial Officer must prepare procedures for the disposal of assets including condemnations and ensure that these are notified to managers.
- 12.1.2. When it is decided to dispose of an ICB asset, the Head of Department or authorised deputy will determine and advise the Chief Financial Officer of the

estimated market value of the item, taking account of professional advice where appropriate.

- 12.1.3. All unserviceable articles shall be:
- a) condemned or otherwise disposed of by an employee authorised for that purpose by the Chief Financial Officer;
  - b) recorded by the Condemning Officer in a form approved by the Chief Financial Officer which will indicate whether the articles are to be converted, destroyed or otherwise disposed of. All entries shall be confirmed by the countersignature of a second employee authorised for the purpose by the Chief Financial Officer.
  - c) The Condemning Officer shall satisfy himself as to whether or not there is evidence of negligence in use and shall report any such evidence to the Chief Financial Officer who will take the appropriate action.

### **13. Capital Investments and Security of Assets and Grants**

- 13.1. The Chief Financial Officer is responsible for:
- ensuring that at the commencement of each financial year, the ICB and its partner NHS trusts and NHS foundation trusts prepare a plan setting out their planned capital resource use;
  - ensuring that the ICB and its partner NHS trusts and NHS foundation trusts exercise their functions with a view to ensuring that, in respect of each financial year, local capital resource use does not exceed the limit specified in a direction by NHS England;
  - ensuring the ICB has a documented property transfer scheme for the transfer of property, rights or liabilities from the ICB's predecessor Clinical Commissioning Group;
  - ensuring that there is an effective appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon business plans;
  - ensuring that there are processes in place for the management of all stages of capital schemes, that will ensure that schemes are delivered on time and to cost;
  - ensuring that capital investment is not authorised without evidence of availability of resources to finance all revenue consequences; and
  - for every capital expenditure proposal, the Chief Financial Officer is responsible for ensuring there are processes in place to ensure that a business case is produced; this should be in line with local and NHSE Business case processes as applicable.
- 13.2. Capital commitments typically cover land, buildings, equipment, capital grants to third parties and IT, including:

- authority to spend capital or make a capital grant; and
- authority to enter into leasing arrangements.

- 13.3. Advice should be sought from the Chief Financial Officer or nominated officer if there is any doubt as to whether any proposal is a capital commitment requiring formal approval.
- 13.4. For operational purposes, the ICB shall have nominated senior officers accountable for ICB property assets and for managing property.
- 13.5. ICBs shall have a defined and established property governance and management framework, which should:
- ensure the ICB asset portfolio supports its business objectives; and
  - comply with NHS England policies and directives and with this guidance
- 13.6. Disposals of surplus assets should be made in accordance with published guidance and should be supported by a business case which should contain an appraisal of the options and benefits of the disposal in the context of the wider public sector and to secure value for money. All property or land disposals will require approval by the Board.

13.7. Grants

- 13.7.1. The Chief Financial Officer is responsible for providing robust management, governance and assurance to the ICB with regards to the use of specific powers under which it can make capital or revenue grants available to;
- any of its partner NHS trusts or NHS foundation trusts; and
  - to a voluntary organisation, by way of a grant or loan.
- 13.7.2. All revenue grant applications should be regarded as competed as a default position, unless there are justifiable reasons why the classification should be amended to non-competed.

**14. Legal, Risk Management and Insurance**

- 14.1.1. This section applies to any legal cases threatened or instituted by or against the ICB. The ICB should have policies and procedures detailing:
- engagement of solicitors / legal advisors;
  - approval and signing of documents which will be necessary in legal proceedings; and
  - Officers who can commit or spend ICB revenue resources in relation to settling legal matters.

14.1.2. The Chief Executive Officer shall ensure that the ICB has a programme of risk management, in accordance with current Department of Health assurance framework requirements, which must be approved by the Board.

14.1.3. The programme of risk management shall include:

- a process for identifying and quantifying risks and potential liabilities;
- engendering among all levels of staff a positive attitude towards the control of risk;
- management processes to ensure all significant risks and potential liabilities are addressed including effective systems of internal control,
- cost effective insurance cover, and decisions on the acceptable level of retained risk;
- contingency plans to offset the impact of adverse events;
- audit arrangements including; internal audit, clinical audit, health and safety review;
- a clear indication of which risks shall be insured;
- arrangements to review the risk management programme.

14.1.4. The Board shall decide if the ICB will insure through the risk pooling schemes administered by the NHS Resolution or self-insure for some or all of the risks covered by the risk pooling schemes. If the Board decides not to use the risk pooling schemes for any of the risk areas (clinical, property and employers/third party liability) covered by the scheme this decision shall be reviewed annually.

14.1.5. ICBs are advised not to buy commercial insurance to protect against risk unless it is part of a risk management strategy that is approved by the Chief Executive Officer.

14.1.6. In any case of doubt concerning an ICB's powers to enter into commercial insurance arrangements the Chief Financial Officer should consult the Department of Health.

## **15. Acceptance of Gifts by Staff**

15.1.1. The Chief Financial Officer shall ensure that all staff are made aware of the ICB policy on acceptance of gifts and other benefits in kind by staff which will be in line with the Bribery Act 2010. This policy follows the guidance contained in the NHS England Policy for Managing Conflicts of Interest 2017; the Code of Conduct for NHS Managers 2002; and the ABPI Code of Professional Conduct relating to hospitality/gifts from

pharmaceutical/external industry and is also deemed to be an integral part of these ICB Constitution and Standing Financial Instructions.

## **16. Payments to Independent Contractors**

16.1.1. The ICB will approve additions to, and deletions from, approved lists of contractors, taking into account the health needs of the local population, and the access to existing services. All applications and resignations received shall be dealt with equitably, within any time limits laid down in the contractors NHS terms and conditions of service.

16.1.2. The Chief Executive Officer shall:

- ensure that lists of all contractors, for which the ICB is responsible, are maintained in an up to date condition;
- ensure that systems are in place to deal with applications, resignations, inspection of premises, etc., within the appropriate contractor's terms and conditions of service.

16.1.3. The Chief Financial Officer shall:

- ensure that contractors who are included on ICB's approved lists receive payments and that there is no evidence of inequality in payment value or method;
- maintain a system of payments such that all valid contractors' claims are paid promptly and correctly, and are supported by the appropriate documentation and signatures;
- ensure that regular independent verification of claims is undertaken, to confirm that:
  - (1) rules have been correctly and consistently applied;
  - (2) overpayments are detected (or preferably prevented) and recovery initiated;
  - (3) suspicions of possible fraud are identified and subsequently dealt with in line with the Secretary of State for Health and Social Care's Directions on the management of fraud and corruption.
- ensure that arrangements are in place to identify contractors receiving exceptionally high, low or no payments, and highlight these for further investigation; and
- ensure that a prompt response is made to any query raised by the NHS Business Services Authority, regarding claims from contractors submitted directly to them.



**17. Retention of Records**

- 17.1.1. The Chief Executive Officer shall be responsible for maintaining archives for all records required to be retained in accordance with “Records Management Code of Practice for Health and Social Care 2016.
- 17.1.2. The records held in archives shall be capable of retrieval by authorised persons.
- 17.1.3. Records held in accordance with NHS Code of Practice - Records Management 2006, shall only be destroyed at the express instigation of the Chief Executive Officer. Detail shall be maintained of records so destroyed.

# Gloucestershire Integrated Care Board Detailed Scheme of Delegation

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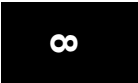
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Reference Document	Delegated Matter	Delegated Authority - Commissioner	Scope of Delegation
Standing Financial Instructions – section 3	<b>1. Management of Budgets</b>		
	Responsibility to keep expenditure within budgets and to ensure that budgets are only used for the type of expenditure for which they have been set.		
	At individual budget level (Pay and Non-Pay)	Budget Holder	
	At Directorate level	Director	
	All Other Areas	Chief Finance Officer/Chief Executive Officer	
Standing Financial Instructions – section 4	<b>2. Maintenance/Operation of Bank Accounts</b>		
	a) Approval of banking arrangements	Board	
	b) Variation to approved signatories	Chief Finance Officer	In accordance with SFIs
Standing Financial Instructions – section 8	<b>3. Non-Pay Revenue and Capital Expenditure / Requisitioning / Ordering</b>		
	<b>a) Payment of Goods and Services</b>		
	• Stock/non-stock requisitions up to £1,000	Budget Manager	
	• Stock/non-stock requisitions up to £10,000	Budget Holder	
	• Stock/non-stock requisitions up to £249,999	Directors	
	• Stock/non-stock requisitions from £250,000 to £499,999	Chief Finance Officer	

Reference Document	Delegated Matter	Delegated Authority - Commissioner	Scope of Delegation
	<ul style="list-style-type: none"> <li>• Stock/non-stock requisitions from £500,000 to £999,999</li> </ul>	Chief Executive Officer	
	<ul style="list-style-type: none"> <li>• Stock/non-stock requisitions from £1,000,000</li> </ul>	Board	
	<b>b) Authorisation of Payments against a signed NHS Contract or signed s75 or s256 with the Local Authority</b>	Chief Executive Officer Chief Finance Officer.	
		Director / Deputy Director responsible for Contracts, Deputy CFO	
	<b>c) Orders exceeding 36-month period</b>	Chief Executive Officer or Chief Finance Officer	
	<b>d) All contracts for Non-Health Care goods &amp; services and subsequent variations to contracts</b>	As section 3a	
	<b>e) Prepayments over £1,500</b>	Chief Finance Officer or Deputy CFO	
Standing Financial Instructions – section 3	<b>4. Approval of Virements</b>		
	Between programme budgets up to £50,000 or between admin budgets non-recurrently up to £10,000	Budget Holder	
	Between programme budgets up to £100,000 or between admin budgets recurrently and/or up to £50,000	Executive Directors	



Reference Document	Delegated Matter	Delegated Authority - Commissioner	Scope of Delegation
	Between programme budgets up to £500,000 or between admin budgets recurrently and/or up to £100,000	Chief Finance Officer	
	Above £500,000 between programme budgets or above £100,000 between admin budgets	Chief Executive Officer	
Standing Financial Instructions – section 13	<b>5. Capital Schemes</b>		
	<b>a) Delegated Limits for Capital Investment for buildings, PFI, IM&amp;T and equipment investments, and property leases</b>		
	Up to £15 million	Board approval	
	From £15 million to £50 million	NHS England & Improvement then Department of Health & Social Care– subject to full business case approval and following approval by Board	
	From £50 million and above	Department of Health and HM Treasury	
	<b>b) Selection of Architects, quantity surveyors, consultant engineer and other professional advisors within EU regulations</b>	Chief Executive Officer or Chief Finance Officer	
	<b>c) Financial monitoring and reporting on all capital scheme expenditure</b>	Chief Finance Officer	



Reference Document	Delegated Matter	Delegated Authority - Commissioner	Scope of Delegation
Standing Financial Instructions – section 6	<b>6. Quotation, Tender and &amp; Contract Procedures (including secondary, primary and community healthcare services)</b>		
	Where no suitable nationally negotiated framework agreements / contracts are available for use:		
	(Values are the total value of expenditure excluding VAT for the total duration of any time period committed to):		
	<b>a) No requirement to obtain quotes for single items up to £1,000</b>	As per section 3	
	<b>b) 2 written quotes for goods / services between £1,000 and £10,000</b>	As per section 3	
	<b>c) Obtaining a minimum of 3 written quotations for goods / services from £10,000 to £50,000</b>	As per section 3	
	<b>d) Obtaining a minimum of 3 written competitive tenders for goods / services from £50,000 (process by delegated procurement personnel)</b>	As per section 3	
	<b>e) Contracts above European Union (OJEU) limits</b>	Chief Finance Officer / Deputy CFO	
	<b>f) Approval to accept quote / tender other than the lowest that meet the award criteria Quotations &amp; tenders &lt;£99,999</b>	Chief Finance Officer/ Chief Executive Officer	

Reference Document	Delegated Matter	Delegated Authority - Commissioner	Scope of Delegation
	Tenders >£100,000	Chief Finance Officer/Chief Executive Officer	Report to Audit Committee
	<b>g) Waiving of quotations &amp; Tenders subject to SOs &amp; PFP</b>		
	Up to £99,999	Chief Finance Officer	
	£100,000 - £249,999	Chief Executive Officer	
	£250,000+	Board	
	Opening Quotations:	Directors and Senior Manager	
	Opening Tenders:	Chief Executive Officer and Directors, Deputy CFO, Associate Director of Corporate Governance	
	<b>7. A Mini-Competition* or Direct Call-Off*</b>		
	for goods or services of any value (including secondary, primary and community healthcare services) against a suitable nationally negotiated framework agreements / contracts:		
	*In accordance with framework terms and conditions of contract.		
	Up to £1,000	As per section 3	
	Between £1,000 and £5,000	As per section 3	

Reference Document	Delegated Matter	Delegated Authority - Commissioner	Scope of Delegation
	From £50,000	As per section 3	Report to Audit Committee
Standing Financial Instructions – section 4	<b>8. Setting of Fees and Charges</b>		
	<b>a) Private Patient, Overseas Visitors, Income Generation and other patient related services</b>	Chief Finance Officer or Deputy CFO	
	<b>b) Price of NHS Contracts</b>	Chief Finance Officer or Deputy CFO	
	<b>c) Price of Non-NHS Contracts</b>	Chief Finance Officer or Deputy CFO	
Standing Financial Instructions – section 4	<b>9. Income Collection</b>		
	<b>a) Cancellation of invoices incorrectly raised</b>	Chief Finance Officer or Deputy CFO	
	<b>b) Authority to pursue legal action for bad debts</b>	Chief Finance Officer or Deputy CFO	
	<b>c) Approval of write offs relating to over payment of salary</b>	Chief Finance Officer	
	<b>10. Agreement and Signing of Contracts for the purchasing of Health Care and Agreements with the Local Authority and GP Practices</b>		
	<b>a) Signing of Health Care Contracts with the Local Authority</b>		

Reference Document	Delegated Matter	Delegated Authority - Commissioner	Scope of Delegation
	Contracts of less than £10,000,000	Director responsible for contracts of or Chief Finance Officer	
	Contracts greater than £10,000,000	Chief Executive Officer or Chief Finance Officer	
	Variations to contracts	Director responsible for contracts or Chief Finance Officer	
	<b>b) Signing of Agreements between the ICB and the Local Authority</b>	Chief Executive Officer / Chief Finance Officer or Director responsible for contracts	
	<b>c) Signing of Agreements and Contracts for the purchase of primary care services with GP practices.</b>	Chief Executive Officer or Chief Finance Officer	
	<b>11. Engagement of Staff Not On the Establishment</b>		
	<b>a) Non-Medical Agency Staff</b>	Chief Executive Officer and Chief Finance Officer in accordance with national directions.	
	or total commitment is		
	<£20,000 in one year where budget is available		
	>£20,000 or where no budget available		
	<b>b) Engagement of ICB's Solicitors</b>	Associate Director of Corporate Governance	



Reference Document	Delegated Matter	Delegated Authority - Commissioner	Scope of Delegation
	<b>c) Booking of Bank or Agency Staff</b>	Budget Manager in accordance with Operational Executive Meeting process and adhering to national directions.	
	<b>12. Expenditure on Charitable and Endowment Funds</b>	Designated Fund Managers in accordance with procedures and limits laid down for charitable funds by the corporate trustee	
	<b>13. Agreements/Licences/Leases</b>		
	<b>a) Preparation of all tenancy agreements/licences for all staff subject to ICB Policy on accommodation for staff</b>	Director responsible for Estates	
	<b>b) Initial review of all proposed lease agreements to assess financial implications of lease agreement</b>	Deputy CFO	
	<b>c) Authorisation to sign leases/licences Signature of all tenancy agreements/licences (as above)</b>	NHS England	
	<b>d) Extensions to existing licences and leases</b>	Chief Executive Officer or Chief Finance Officer	
	<b>e) Letting of premises to outside organisations</b>	Chief Finance Officer	

Reference Document	Delegated Matter	Delegated Authority - Commissioner	Scope of Delegation
	<b>f) Approval of rent based on professional assessment</b>	Chief Finance Officer	
Standing Financial Instructions – section 12	<b>14. Condemnations &amp; Disposals</b>		
	<b>a) Items obsolete, obsolescent, redundant, irreparable or cannot be required cost effectively</b>		
	1) with current/estimated purchase price <£499	Budget Manager	
	2) with current purchase new price >£500+	Chief Finance Officer	
	3) Disposal of mechanical and engineering plant (subject to estimated income exceeding £1,000 per sale)	Chief Finance Officer	
	<b>b) Disposal of property or land</b>	Board	
Standing Financial Instructions – section 11	<b>15. Losses, Write-off &amp; Compensation</b>		
	<b>a) Losses of cash due to:</b>		
	1) Theft, Fraud, etc		
	2) Overpayments of Salaries, wages, fees & allowances		
	3) Other Causes including un-vouched or incompletely vouched payments, overpayments other than those included under item 2: physical losses of cash and cash equivalents, e.g. stamps due to fire (other than arson), accident and similar causes		
	Up to £10,000	Chief Finance Officer	

Reference Document	Delegated Matter	Delegated Authority - Commissioner	Scope of Delegation
	Up to £25,000	Chief Executive Officer	
	£25,000 -£299,999	Board	
	Over £300,000	Assurance Team, NHS England	
	Any case that: <ul style="list-style-type: none"> <li>• is novel or contentious;</li> <li>• contains lesson that could be of interest to the wider community;</li> <li>• involves important questions of principle;</li> <li>• might create a precedent; and/or</li> <li>• highlights the ineffectiveness of the existing control systems.</li> </ul>	Assurance Team, NHS England prior to submission to DHSC and HM Treasury	
	Special severance payments (Dear Accounting Officer letter DAO (GEN) 11/05)  See <b><i>HM Treasury's Guidance on Public Sector Exit Payments: Use of Special Severance Payments</i></b>	Regional Director of Workforce and OD, NHS England, prior to submission to DHSC and HM Treasury	
	<b>b) Fruitless payments (including abandoned capital schemes)</b>		
	Up to £10,000	Chief Finance Officer	
	Up to £25,000	Chief Executive Officer	
	£25,000 -£299,999	Board	
	Over £300,000	Assurance Team, NHS England	
	Any case that: <ul style="list-style-type: none"> <li>• is novel or contentious;</li> </ul>	Assurance Team, NHS England prior to	

Reference Document	Delegated Matter	Delegated Authority - Commissioner	Scope of Delegation
	<ul style="list-style-type: none"> <li>contains lesson that could be of interest to the wider community;</li> <li>involves important questions of principle;</li> <li>might create a precedent; and/or</li> <li>highlights the ineffectiveness of the existing control systems.</li> </ul>	submission to DHSC and HM Treasury	
	<p>Special severance payments (Dear Accounting Officer letter DAO (GEN) 11/05)</p> <p>See <b><i>HM Treasury's Guidance on Public Sector Exit Payments: Use of Special Severance Payments</i></b></p>	Regional Director of Workforce and OD, NHS England, prior to submission to DHSC and HM Treasury	
	<b>c) Bad debts and claims abandoned: -</b>		
	1) Private patients (Sect. 65/ 66 NHS Act 1977)		
	2) Overseas visitors (Sect. 121 NHS Act 1977)		
	3) Cases other than 1) – 2)		
	Up to £10,000	Chief Finance Officer	
	Up to £25,000	Chief Executive Officer	
	£25,000 -£299,999	Board	
	Over £300,000	Assurance Team, NHS England	
	<p>Any case that:</p> <ul style="list-style-type: none"> <li>is novel or contentious;</li> <li>contains lesson that could be of interest to the wider community;</li> <li>involves important questions of principle;</li> <li>might create a precedent; and/or</li> </ul>	Assurance Team, NHS England prior to submission to DHSC and HM Treasury	





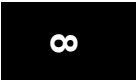
Reference Document	Delegated Matter	Delegated Authority - Commissioner	Scope of Delegation
	<ul style="list-style-type: none"> <li>highlights the ineffectiveness of the existing control systems.</li> </ul>		
	<p>Special severance payments (Dear Accounting Officer letter DAO (GEN) 11/05)</p> <p><b>See <i>HM Treasury's Guidance on Public Sector Exit Payments: Use of Special Severance Payments</i></b></p>	Regional Director of Workforce and OD, NHS England, prior to submission to DHSC and HM Treasury	
	<b>d) Damage to buildings, their fittings, furniture and equipment and loss of equipment and property in stores and in use due to:</b>		
	1) Culpable causes e.g. theft, fraud, arson or sabotage whether proved or suspected, neglect of duty or gross carelessness		
	2) Other causes	Chief Finance Officer	
	Up to £10,000	Chief Finance Officer	
	Up to 25,000	Chief Executive Officer	
	£25,000 -£94,999	Board	
	Over £95,000	Assurance Team, NHS England	
	<p>Any case that:</p> <ul style="list-style-type: none"> <li>is novel or contentious;</li> <li>contains lesson that could be of interest to the wider community;</li> <li>involves important questions of principle;</li> <li>might create a precedent; and/or</li> </ul>	Assurance Team, NHS England prior to submission to DHSC and HM Treasury	



Reference Document	Delegated Matter	Delegated Authority - Commissioner	Scope of Delegation
	<ul style="list-style-type: none"> <li>highlights the ineffectiveness of the existing control systems.</li> </ul>		
	<p>Special severance payments (Dear Accounting Officer letter DAO (GEN) 11/05)</p> <p>See <i>HM Treasury's Guidance on Public Sector Exit Payments: Use of Special Severance Payments</i></p>	Regional Director of Workforce and OD, NHS England, prior to submission to DHSC and HM Treasury	
	<b>e) Compensation payments made under legal obligation</b>	Board	
	Up to £10,000	Chief Finance Officer	
	Up to 25,000	Chief Executive Officer	
	£25,000 -£94,999	Board	
	Over £95,000	Assurance Team, NHS England	
	<p>Any case that:</p> <ul style="list-style-type: none"> <li>is novel or contentious;</li> <li>contains lesson that could be of interest to the wider community;</li> <li>involves important questions of principle;</li> <li>might create a precedent; and/or</li> <li>highlights the ineffectiveness of the existing control systems.</li> </ul>	Assurance Team, NHS England prior to submission to DHSC and HM Treasury	
	<b>f) Extra contractual payments to contractors</b>		
	Up to £10,000	Chief Finance Officer	
	Up to £25,000	Chief Executive Officer	
	£25,000 -£94,999	Board	

Reference Document	Delegated Matter	Delegated Authority - Commissioner	Scope of Delegation
	Over £95,000	Assurance Team, NHS England	
	Any case that: <ul style="list-style-type: none"> <li>• is novel or contentious;</li> <li>• contains lesson that could be of interest to the wider community;</li> <li>• involves important questions of principle;</li> <li>• might create a precedent; and/or</li> <li>• highlights the ineffectiveness of the existing control systems.</li> </ul>	Assurance Team, NHS England prior to submission to DHSC and HM Treasury	
	Special severance payments (Dear Accounting Officer letter DAO (GEN) 11/05)  <b>See <i>HM Treasury's Guidance on Public Sector Exit Payments: Use of Special Severance Payments</i></b>	Regional Director of Workforce and OD, NHS England, prior to submission to DHSC and HM Treasury	
	<b>g) Ex gratia payments to patients &amp; staff for loss of personal effects</b>		
	Up to £10,000	Chief Finance Officer	
	Up to £25,000	Chief Executive Officer	
	£25,000 -£94,999	Board	
	Over £95,000	Assurance Team, NHS England	
	Any case that: <ul style="list-style-type: none"> <li>• is novel or contentious;</li> <li>• contains lesson that could be of interest to the wider community;</li> <li>• involves important questions of principle;</li> </ul>	Assurance Team, NHS England prior to submission to DHSC and HM Treasury	

Reference Document	Delegated Matter	Delegated Authority - Commissioner	Scope of Delegation
	<ul style="list-style-type: none"> <li>might create a precedent; and/or</li> <li>highlights the ineffectiveness of the existing control systems.</li> </ul>		
	<p>Special severance payments (Dear Accounting Officer letter DAO (GEN) 11/05)</p> <p><b>See <i>HM Treasury's Guidance on Public Sector Exit Payments: Use of Special Severance Payments</i></b></p>	Regional Director of Workforce and OD, NHS England, prior to submission to DHSC and HM Treasury	
	<b>h) For clinical negligence (negotiated settlements following legal advice) where the guidance relating to such payments has been applied (including plaintiffs' costs)</b>		
	Up to £10,000	Chief Finance Officer	
	Up to £25,000	Chief Executive Officer	
	£25,000 -£94,999	Board	
	Over £95,000	Assurance Team, NHS England	
	<p>Any case that:</p> <ul style="list-style-type: none"> <li>is novel or contentious;</li> <li>contains lesson that could be of interest to the wider community;</li> <li>involves important questions of principle;</li> <li>might create a precedent; and/or</li> <li>highlights the ineffectiveness of the existing control systems.</li> </ul>	Assurance Team, NHS England prior to submission to DHSC and HM Treasury	



Reference Document	Delegated Matter	Delegated Authority - Commissioner	Scope of Delegation
	<p>Special severance payments (Dear Accounting Officer letter DAO (GEN) 11/05)</p> <p>See <i>HM Treasury's Guidance on Public Sector Exit Payments: Use of Special Severance Payments</i></p>	Regional Director of Workforce and OD, NHS England, prior to submission to DHSC and HM Treasury	
	<b>i) For Clinical negligence where the guidance relating to such payments has not been applied</b>		
	Up to £1,000	Chief Finance Officer	
	Up to £5,000	Chief Executive Officer	
	£5,000 -£94,999	Board	
	Over £95,000	Assurance Team, NHS England	
	<p>Any case that:</p> <ul style="list-style-type: none"> <li>• is novel or contentious;</li> <li>• contains lesson that could be of interest to the wider community;</li> <li>• involves important questions of principle;</li> <li>• might create a precedent; and/or</li> <li>• highlights the ineffectiveness of the existing control systems.</li> </ul>	Assurance Team, NHS England prior to submission to DHSC and HM Treasury	
	<p>Special severance payments (Dear Accounting Officer letter DAO (GEN) 11/05)</p> <p>See <i>HM Treasury's Guidance on Public Sector Exit Payments: Use of Special Severance Payments</i></p>	Regional Director of Workforce and OD, NHS England, prior to submission to DHSC and HM Treasury	



Reference Document	Delegated Matter	Delegated Authority - Commissioner	Scope of Delegation
	<b>j) For personal injury claims involving negligence where relevant guidance has been applied (including plaintiff's costs)</b>		
	Up to £1,000	Chief Finance Officer	
	Up to £15,000	Chief Executive Officer	
	£15,000 -£94,999	Board	
	Over £95,000	Assurance Team, NHS England	
	Any case that: <ul style="list-style-type: none"> <li>• is novel or contentious;</li> <li>• contains lesson that could be of interest to the wider community;</li> <li>• involves important questions of principle;</li> <li>• might create a precedent; and/or</li> <li>• highlights the ineffectiveness of the existing control systems.</li> </ul>	Assurance Team, NHS England prior to submission to DHSC and HM Treasury	
	Special severance payments (Dear Accounting Officer letter DAO (GEN) 11/05)  See <i>HM Treasury's Guidance on Public Sector Exit Payments: Use of Special Severance Payments</i>	Regional Director of Workforce and OD, NHS England, prior to submission to DHSC and HM Treasury	
	<b>k) For personal injury claims involving negligence where legal advice obtained and relevant guidance has not been applied</b>		
	Up to £1,000	Chief Finance Officer	
	Up to £5,000	Chief Executive Officer	

Reference Document	Delegated Matter	Delegated Authority - Commissioner	Scope of Delegation
	£5,000 -£94,999	Board	
	Over £95,000	Assurance Team, NHS England	
	Any case that: <ul style="list-style-type: none"> <li>• is novel or contentious;</li> <li>• contains lesson that could be of interest to the wider community;</li> <li>• involves important questions of principle;</li> <li>• might create a precedent; and/or</li> <li>• highlights the ineffectiveness of the existing control systems.</li> </ul>	Assurance Team, NHS England prior to submission to DHSC and HM Treasury	
	Special severance payments (Dear Accounting Officer letter DAO (GEN) 11/05)  <i>See HM Treasury's Guidance on Public Sector Exit Payments: Use of Special Severance Payments</i>	Regional Director of Workforce and OD, NHS England, prior to submission to DHSC and HM Treasury	
	<b>I) Other clinical negligence cases &amp; personal injury claims</b>		
	Up to £1,000	Chief Finance Officer	
	Up to £15,000	Chief Executive Officer	
	£15,000 -£94,999	Board	
	Over £95,000	Assurance Team, NHS England	
	Any case that: <ul style="list-style-type: none"> <li>• is novel or contentious;</li> <li>• contains lesson that could be of interest to the wider community;</li> </ul>	Assurance Team, NHS England prior to submission to DHSC and HM Treasury	

Reference Document	Delegated Matter	Delegated Authority - Commissioner	Scope of Delegation
	<ul style="list-style-type: none"> <li>involves important questions of principle;</li> <li>might create a precedent; and/or</li> <li>highlights the ineffectiveness of the existing control systems.</li> </ul>		
	<p>Special severance payments (Dear Accounting Officer letter DAO (GEN) 11/05)</p> <p>See <i>HM Treasury's Guidance on Public Sector Exit Payments: Use of Special Severance Payments</i></p>	Regional Director of Workforce and OD, NHS England, prior to submission to DHSC and HM Treasury	
	<b>m) Other, except cases of maladministration where there was no financial loss by claimant</b>		
	1) Others	Board	
	2) Maladministration where there was no financial loss by claimant	Board	
	3) Patient referrals outside the UK and EEA guidelines	Board	
	4) Extra statutory and extra regulatory payments	Board	
	Up to £10,000	Chief Finance Officer	
	Up to 25,000	Chief Executive Officer	
	£25,000 -£94,999	Board	



Reference Document	Delegated Matter	Delegated Authority - Commissioner	Scope of Delegation
	Over £95,000	Assurance Team, NHS England	
	Any case that: <ul style="list-style-type: none"> <li>• is novel or contentious;</li> <li>• contains lesson that could be of interest to the wider community;</li> <li>• involves important questions of principle;</li> <li>• might create a precedent; and/or</li> <li>• highlights the ineffectiveness of the existing control systems.</li> </ul>	Assurance Team, NHS England prior to submission to DHSC and HM Treasury	
	Special severance payments (Dear Accounting Officer letter DAO (GEN) 11/05)  See <i>HM Treasury's Guidance on Public Sector Exit Payments: Use of Special Severance Payments</i>	Regional Director of Workforce and OD, NHS England, prior to submission to DHSC and HM Treasury	
	<b>16. Reporting of Incidents to the Police</b>		
	<b>a) Where a criminal offence is suspected</b>		
	<ul style="list-style-type: none"> <li>• criminal offence of a violent nature</li> </ul>	Appropriate Manager	
	<ul style="list-style-type: none"> <li>• other</li> </ul>	Appropriate Manager	
	<b>b) Where a fraud is involved</b>	Chief Finance Officer or Chief Executive Officer	
	<b>17. Petty Cash Disbursements (not applicable to central Cashiers Office)</b>		
	<ul style="list-style-type: none"> <li>• General Expenditure up to £25 per item</li> </ul>	As determined by the Chief Finance Officer	

Reference Document	Delegated Matter	Delegated Authority - Commissioner	Scope of Delegation
Standing Financial Instructions – section 15	<b>18. Receiving Hospitality</b>		
	Applies to both individual and collective hospitality In excess of £25.00 per item received.	Declaration required in ICB Hospitality Register	
Standing Financial Instructions – section 10	<b>19. Implementation of Internal and External Audit Recommendations</b>	Budget Manager or Director	
	<b>20. Maintenance &amp; Update of ICB Financial Procedures</b>	Chief Finance Officer	
	<b>21. Personnel &amp; Pay</b>		
	<b>a) Authority to fill funded post on the establishment with permanent staff including the ability to alter skill mix within existing budget</b>	Executive Team	
	<b>b) Authority to appoint staff to post not on the funded establishment</b>	Executive Team	
	<b>c) The granting of additional salary increments to staff within budget</b>	HR Lead and Relevant Director	
	<b>d) All requests for upgrading or regrading shall be dealt with in accordance with ICB Procedure</b>	Executive Team	
	<b>e) Pay</b>		
	1. Authority to complete standing data forms affecting pay, new starters, variations and leavers	HR Lead and Budget Manager	
	2. Authority to complete and authorise positive reporting forms	Budget Manager	
	3. Authority to authorise overtime	Budget Holder	

Reference Document	Delegated Matter	Delegated Authority - Commissioner	Scope of Delegation
	4. Authority to authorise mileage claims, subsistence expenses & exam fees	Line Manager	
	5. Submission of travel and subsistence claims within 3 months of incurring expenditure	Employee	
	6. Authorisation of travel expenses over 3 months old	Chief Finance Officer	Exceptional circumstances only, supplies procedure should be followed
	7. Authorisation of non-travel, subsistence or exam fees through expenses claim form	Budget Manager	
	8. Approval of Performance Related Pay Assessment	Line/Departmental Manager	
	<b>f) <u>Leave</u></b>		
	1. Approval of annual leave	}	
	2. Compassionate leave up to 3 days	} As per ICB policy	
	3. Compassionate leave up to 6 days	}	
	4. Special leave arrangements	}	
	5. Paternity leave	}	
	6. Carers leave 3/5 days	}	
	7. Leave without pay	}	
	8. Time off in lieu	Line manager	
	9. Maternity Leave _ paid and unpaid	As per ICB policy	
	10. Sick Leave		



Reference Document	Delegated Matter	Delegated Authority - Commissioner	Scope of Delegation
	<ul style="list-style-type: none"> <li>Extensions of sick leave beyond ICB terms and Conditions</li> </ul>	Executive Director in conjunction with HR Lead	
	<ul style="list-style-type: none"> <li>Return to work part-time on full pay day to assist recovery in excess of ICB terms and conditions</li> </ul>	Executive Director in conjunction with HR Lead	
	<ul style="list-style-type: none"> <li>Extension of sick leave on full pay in excess of ICB terms and conditions</li> </ul>	Chief Executive Officer or Chief Finance Officer and HR Lead	
	11. Study Leave		
	<ul style="list-style-type: none"> <li>Study leave outside the UK</li> </ul>	Chief Executive Officer	
	<ul style="list-style-type: none"> <li>All study leave (UK) in excess of ICB training procurement</li> </ul>	Chief Executive Officer or Director	
	<b>g) Removal Expenses, Excess Rent and House Purchases</b>		
	Authorisation of payment of removal expenses in accordance with ICB policy incurred by officers taking up new appointments (providing consideration was promised at interview)		
	Up to £5,000	Executive Director	
	Over £5,000 to £8,000 maximum	Chief Executive Officer or Chief Finance Officer	
	<b>h) Grievance Procedure</b>		

Reference Document	Delegated Matter	Delegated Authority - Commissioner	Scope of Delegation
	All grievances cases must be dealt with strictly in accordance with the Grievance Procedure and the advice of the Human Resource Manager must be sought when the grievance reaches the level of General Manager	HR Lead	ICB Grievance Procedure
	<b>i) Mobile Phone Users</b>		
	<ul style="list-style-type: none"> <li>Requests for new posts to be authorised as mobile telephone users</li> </ul>	Executive Director and HR Lead	
	<b>m) Renewal of Fixed Term Contract</b>	Executive Director	
	<b>n) Redundancy</b>	Chief Executive Officer / Chief Finance Officer and HR Lead in accordance with NHSE approval processes.	Redeployment and Redundant policy
	<b>o) Ill Health Retirement</b>		
	Decision to pursue retirement on the grounds of ill-health	Chief Finance Officer and HR Lead	
	<b>p) Dismissal</b>	Executive Director or nominated deputy and HR lead	Disciplinary policy
Standing Financial Instructions – section 14	<b>22. Insurance Policies and Risk Management</b>	Chief Finance Officer/Associate Director of Corporate Governance	



Reference Document	Delegated Matter	Delegated Authority - Commissioner	Scope of Delegation
	<b>23. Patients' &amp; Relatives' Complaints</b>		
	<b>a) Overall responsibility for ensuring that all complaints are dealt with effectively</b>	Chief Executive Officer and Associate Director of Patient and Public Involvement	
	<b>b) Responsibility for ensuring complaints relating to directorate are investigated thoroughly</b>	Chief Executive Officer and Associate Director of Patient and Public Involvement	
	<b>c) Medico – Legal Complaints – Co-ordination of their management</b>	Chief Executive Officer and Associate Director Corporate Governance	
	<b>24. Relationships with Press</b>		
	<b>a) Non-Emergency General Enquiries</b>		
	• Within Hours	Communications Manager	
	• Outside Hours	Manager on call or Associate Director of Communications	
	<b>b) Emergency</b>	Communications Manager	
	• Within Hours	Manager on call or Associate Director of Communications	
	• Outside Hours	Manager on call or Associate Director of Communications	



Reference Document	Delegated Matter	Delegated Authority - Commissioner	Scope of Delegation
	<b>25. Infectious Diseases &amp; Notifiable Outbreaks</b>	Manager on call or Health Protection Unit Contact or Director of Public Health	
	<b>26. Facilities for staff not employed by the ICB to gain practical experience</b>		
	Professional Recognition, Honorary Contracts, & Insurance of Medical Staff	HR Lead	
	Work experience students	HR Lead	
	<b>27. Review of Fire Precautions</b>	Director responsible for Health & Safety	
	<b>28. Review of all statutory compliance legislation and Health and Safety requirements including control of Substances Hazardous to Health Regulations</b>	Director responsible for Health & Safety	
	<b>29. Review of Medicines Inspectorate Regulations</b>	Head of Medicines Management	
	<b>30. Review of compliance with environmental regulations, for example those relating to clean air and waste disposal</b>	Director responsible for Estates	
	<b>31. Review of ICB's compliance with the Data Protection Act</b>	Chief Finance Officer	
	<b>32. Review the ICB's compliance with the Access to Records Act</b>	Chief Finance Officer	

Reference Document	Delegated Matter	Delegated Authority - Commissioner	Scope of Delegation
	<b>33. Review of the ICB’s compliance Code of Practice for handling confidential information in the contracting environment and the compliance with “safe Haven” per EL 92/60</b>	Chief Finance Officer	
	<b>34. The keeping of a Declaration of Interests Register</b>		
	<b>(a) Board and Executive Committee Members</b>	Associate Director of Corporate Governance	
	<b>(b) Staff members</b>	Associate Director of Corporate Governance	
	<b>35. Attestation of sealings in accordance with Standing Orders</b>		
	<b>(a) custody</b>	Chair, Chief Executive Officer or Chief Finance Officer	
	<b>(b) register of sealings</b>	Chair, Chief Executive Officer or Chief Finance Officer	
	<b>36. The keeping of the register of Sealings</b>	Chief Executive Officer	





Reference Document	Delegated Matter	Delegated Authority - Commissioner	Scope of Delegation
	<b>37. The keeping of the Hospitality Register</b>	Chief Executive Officer	
Standing Financial Instructions – section 17	<b>38. Retention of Records</b>	Associate Director of Corporate Governance	
Standing Financial Instructions – section 10.3	<b>39. Security Management</b>	Director responsible for Local Security	
	<b>40. Contractor's Responsibilities</b>		
Standing Financial Instructions – section 2.1.1	Ensuring contractors and their employees are aware of any requirement to comply with Standing Orders and Standing Financial Instructions	All employees	
	<b>41. Prescribing rebate scheme sign off</b>	Director responsible for Medicines Management	

**Agenda Item 9a-c**

**Integrated Care Board**

**1 July 2022**

<b>Report Title</b>	<b>Standards of Business Conduct Policy including Conflicts of Interests Counter Fraud, Bribery and Corruption Health and Safety Policy Policy scheduling</b>			
<b>Purpose (X)</b>	<b>For Information</b>	<b>For Discussion</b>	<b>For Decision Approval</b>	
<b>Route to this meeting</b>	National guidance was received that key governance policies would be required for the governance submission along with the Constitution and SoRD as well as other documents. Advice was that the Conflicts of Interests policy, Counter Fraud and Health and Safety policy should be updated to reflect the new ICB organisation. The policies were updated and submitted to NHS England & Improvement as part of the governance submission and approved.			
	<b>ICB Internal</b>	<b>Date</b>	<b>System Partner</b>	<b>Date</b>
	The policies have been updated in line with the policy schedule	April / May 2022	The policies were posted on the Review Hub for system partners to read	May 2022
<b>Executive Summary</b>	The key governance policies for approval are as follows <ul style="list-style-type: none"> <li>Standards of Business Conduct Policy including Conflicts of Interests</li> <li>Counter Fraud, Bribery and Corruption</li> <li>Health and Safety Policy</li> </ul>			
<b>Key Issues to note</b>	The Standards of Business Conduct Policy includes the ICB’s Conflicts of Interests policy including how board and committee members as well as staff should declare their interests, how they will be managed if there is a conflict and reporting requirements. <b>Policy Scheduling</b> It should be noted that the ICB holds a policy schedule which includes the 127 policies that the ICB has inherited from the CCG, a significant percentage of those policies are human resources policies. There is a defined process for updating the policies with the ICB branding, the ICB committees and executive director portfolios. The policies will be batched for each relevant committee and approved at committee meetings over the next 6 months. The standard procedure for updating policies in line with review dates and changes to legislation / guidance will continue in the ICB.			

**9**

<b>Key Risks:</b>	Policies are a key component of the ICB's internal controls and ensures that the organisation is compliant with legislation, national and local guidance.		
<b>Original Risk (CxL)</b>	(4x3) 12		
<b>Residual Risk (CxL)</b>	(4x1) 4 (residual meaning accepted risk)		
<b>Management of Conflicts of Interest</b>	The Standards of Business Conduct Policy which incorporates the Conflicts of Interests policy provides detailed guidance on declaring and managing interests as well as reporting those interests and publishing registers of interests, gifts and hospitality.		
<b>Resource Impact (X)</b>	<b>Financial</b>	X	<b>Information Management &amp; Technology</b>
	<b>Human Resource</b>	X	<b>Buildings</b>
<b>Financial Impact</b>	The Counter Fraud, Bribery and Corruption policy as well as the Standards of Business Conduct policy include structures, procedures and practices intended to prevent fraud and financial loss.		
<b>Regulatory and Legal Issues (including NHS Constitution)</b>	All policies include relevant legislation, national and regional guidance.		
<b>Impact on Health Inequalities</b>	N/A		
<b>Impact on Equality and Diversity</b>	All policies have an Equality Assessment carried out.		
<b>Impact on Sustainable Development</b>	N/A		
<b>Patient and Public Involvement</b>	N/A		
<b>Recommendation</b>	<p>The Board is requested to approve:</p> <ul style="list-style-type: none"> <li>Standards of Business Conduct Policy including Conflicts of Interests</li> <li>Counter Fraud, Bribery and Corruption</li> <li>Health and Safety Policy</li> </ul>		
<b>Author</b>	Christina Gradowski	<b>Role Title</b>	Associate Director of Corporate Affairs
<b>Sponsoring Director (if not author)</b>	Mary Hutton, Chief Executive Officer		

<b>Glossary of Terms</b>	<b>Explanation or clarification of abbreviations used in the paper</b>
ICS	Integrated Care System
ICB	Integrated Care Board
GHC	Gloucestershire Health & Care Foundation Trust
GHFT	Gloucestershire Hospitals NHS Foundation Trust
GCC	Gloucestershire County Council
VCSE	Voluntary, Community and Social Enterprise



# Standards of Business Conduct Policy

<b>Version</b>	V2.0
<b>Policy no</b>	TBC
<b>Author</b>	Associate Director of Corporate Affairs
<b>Sponsor</b>	Chief Executive Officer
<b>Approved by</b>	Audit Committee
<b>Approval date</b>	
<b>Review date</b>	

*This document may be made available to the public and persons outside of the ICB as part of the CCG's compliance with the Freedom of Information Act 2000.*

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## 1. Introduction

- 1.1. Gloucestershire Integrated Care Board (the ICB) aspires to the highest standards of business conduct and has therefore developed this policy to ensure that the the Board of the ICB, all staff, and others acting on behalf of the ICB observe and comply with all relevant legislation and regulations and undertake business in a way that is ethical, and act with integrity at all times.
- 1.2. Standards of Business Conduct are the standards set and expected of staff who work within the public sector in order to ensure that they operate with integrity, openness and honesty and are accountable to the public for the actions that they take on behalf of the ICB. The ICB has a duty to ensure fairness and honesty in its relationships with suppliers, contractors, service providers and service users or any other person or organisation with whom it has or might have business connections with. This policy sets out how the ICB will manage standards of business conduct and underpins the ICB's constitution see here.
- 1.3. To further support the management of conflicts of interest, Gloucestershire ICB will:
  - **Conduct business appropriately:** Conflicts of interest become much easier to identify, avoid and manage when the processes are clear, because we will withstand scrutiny;
  - **Be proactive, not reactive:** the ICB will seek to identify and minimise the risk of conflicts of interest at the earliest possible opportunity;
  - **Being balanced,** appropriate and proportionate to the circumstances and context – rules will be clear and robust but not overly prescriptive or restrictive. They should ensure that decision-making processes are transparent and fair whilst not being overly constraining, complex or restrictive but robust and balanced.
  - **Recognising that the perception of wrongdoing,** impaired judgement or undue influence can be as detrimental as any of them actually occurring. If in doubt, it is better to assume the existence of a conflict of interest and manage it appropriately rather than ignore it. For a conflict of interest to exist, financial gain is not necessary.
  - **Be transparent:** We will document clearly the approach and decisions taken at every stage in the commissioning cycle so that a clear audit trail is evident.
  - Create an **environment and culture** where individuals feel supported and confident in declaring relevant information and raising any concerns.
- 1.4. The principles contained within this policy are aimed at Board members of ICB, all staff, system partners and others acting on behalf of the ICB who must therefore be aware of this policy and comply with the details within it.
- 1.5. The policy describes processes and procedures in place to manage Standards of Business Conduct within the ICB in the following areas:
  - in the operation of the ICB Board;
  - in the procurement of services;
  - commercial sponsorship; the acceptance of gifts and hospitality;
  - further areas of business conduct including private practice, sponsored events and secondary employment;

- commissioning of new care models and pathways.

## 2. Guidance and Legal Framework

2.1 This policy has considered a number of statutory and regulatory guidance in its development, all of which the ICB expects its staff and employees working on its behalf to comply with. In particular, this policy respects the seven key principles of the NHS Constitution:

- The NHS provides a comprehensive service, available to all.
- Access to NHS services is based on clinical need, not an individual's ability to pay.
- The NHS aspires to the highest standards of excellence and professionalism.
- The patient will be at the heart of everything the NHS does.
- The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population.
- The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources.
- The NHS is accountable to the public, communities and patients that it serves.

2.2 The Standards of Business Conduct policy also respects the seven principles of public life promulgated by the Nolan Committee, which form a basis for the standards expected of all staff. The seven principles are:

- Selflessness
- Integrity
- Objectivity
- Accountability
- Openness
- Honesty
- Leadership

The Nolan Principles can be found in full [here](#).

### 2.3 Bribery Act 2010

The ICB has a responsibility to ensure that all staff are made aware of their duties and responsibilities with regards to the Bribery Act 2010. Under this act there are four offences, the first three are most applicable to the NHS:

1. Offer, promise or give a bribe to another person to perform a relevant function or activity improperly (this is known as 'active bribery').
2. Request, accept or agree to receive a bribe to perform a function or



activity improperly (even if the bribe is not for the recipient's benefit or is received via a third party). This is known as 'passive bribery'.

3. Failure of an organisation to prevent bribery.
4. Offer, promise or give a financial or other advantage to a foreign public official.

For further information, please refer to the ICB Counter Fraud, Bribery and Corruption Policy.

- 2.4 NHS England Guidance (2017) imposes duties on the ICB in relation to maintaining registers of interest and managing conflicts of interest..
- 2.5 NHS England's guidance on the management of conflicts of interest in 2016 and 2017, has been incorporated into this policy.. Full NHS England guidance can be found [here](#). This policy also addresses NHS England's Best Practice Update on Conflicts of Interest Management: see Appendix 12
- 2.6 Staff may also wish to read the Good Governance Standards for Public Services, and the Equality Act 2010 in which this policy also respects.

### **3. Responsibilities**

#### **3.1 Gloucestershire ICB**

- 3.1.1 The ICB is responsible for ensuring that the requirements of this policy are brought to the attention of the Board of the ICB, all staff, contractors and others acting on behalf of the ICB, and that processes are put in place for ensuring that statutory and regulatory guidelines are effectively implemented.

#### **3.2 The Board of ICB**

- 3.2.1 The membership of the ICB meet as a unitary board and thus all members of Gloucestershire ICB Board are collectively responsible for decisions made by the organisation and are equally obliged to avoid, and/or manage, any real or perceived material conflicts of interest in accordance with this policy as appropriate.
- 3.2.2 The Board has ultimate responsibility for all actions carried out by staff and committees throughout the ICB's activities. This responsibility includes the stewardship of significant public resources and the commissioning of healthcare to the community.
- 3.2.3 It is therefore the duty of the Board to ensure the organisation inspires confidence and trust amongst its patients, staff, partners, funders and suppliers by demonstrating integrity and avoiding any potential or real situations of undue bias or influence in the decision-making of the ICB.

#### **3.3 Chief Executive Officer**

3.3.1 The Chief Executive Officer has overall responsibility for business conduct and is the Executive Lead on the Board for all corporate governance processes operated by the ICB.

### 3.4 Chairs of Committees, Sub-committees and Meetings

3.4.1 All Chairs will ensure that meetings are conducted in accordance with this policy and that every meeting gives members an opportunity to declare any conflict of interest in relation to items on the agenda. The Chair is also responsible for ensuring that any declarations are recorded appropriately and suitable action is taken within the meeting, with the assistance of the secretariat for the meeting.

3.4.2 The Chairs have ultimate responsibility for deciding whether there is a conflict of interest and for taking the appropriate course of action in order to manage this.

3.4.3 In the event that the Chair themselves hold a conflict of interest, the Vice Chair is then responsible for deciding the appropriate course of action. If the Vice Chair is also conflicted then the remaining non-conflicted voting members of the meeting should agree between themselves how to manage the conflict(s).

3.4.4 The Chair of the Primary Care & Direct Commissioning Committee (Non-Executive Director) has a particularly important role in the management of conflicts of interest due to the responsibilities the Committee has towards delegated commissioning and the matters that subsequently arise.

3.4.5 It is good practice for the Chair, with support of the ICB's Associate Director of Corporate Affairs, to proactively consider any potential conflicts that may arise at a meeting and consider how these should be managed. The Corporate Governance Team will ensure that the Chair has sight of the register of interests before the meeting which is contained in the meeting papers. .

3.4.6 The Corporate Governance Team will be responsible for maintaining the ICB Committee declarations of interest register and ensuring that it is kept up to date with conflicts of interests arising at committees and other meetings.

3.4.7 Further information regarding the management of conflicts of interests at meetings can be found at 4.5.

### 3.5 Senior Managers and all Staff

3.5.1 All staff employed by the ICB including , senior managers, staff, contractors and others working for or on behalf of the ICB must familiarise themselves with this policy upon their appointment within the organisation. This will include all those acting on behalf of the ICB including contracted and temporary staff and lay persons.

### 3.6 Associate Director of Corporate Affairs

3.6.1 The Associate Director of Corporate Affairs will provide advice and assistance to all ICB staff members on matters pertaining to business conduct, and ensure that appropriate registers are maintained.

3.6.2 The Corporate Governance team should be contacted to report any declarations of interests as soon as possible and must be declared within 28 days, these will then be recorded as appropriate.

### 3.7 Audit Committee

3.7.1 The Audit Committee is responsible for reviewing the registers of Gifts, Hospitality and Commercial Sponsorship including Pharmaceutical rebates on behalf of the ICB and receives reports on these at least quarterly.

### 3.8 Primary Care & Direct Commissioning Committee

3.8.1 The Primary Care & Direct Commissioning Committee (PC & DC) has delegated responsibility for agreeing matters pertaining to primary care, and will therefore ensure it complies with the guidance of this policy in terms of managing conflicts of interest. Further information about how the PC & DC will manage conflicts can be found at point 4.4.12.

### 3.9 ICB Operational Executive Team

3.9.1 The ICB Operational Executive Team is responsible for reviewing the full register of declarations of interest and provides sufficient scrutiny on these on a quarterly basis.

### 3.10 Integrated Locality Partnerships

3.10.1 Integrated Locality Partnerships (ILPs) were originally implemented across the six Localities in Gloucestershire between 2018 and 2020. This followed sign up to delivering place based integrated health and social wellbeing by all organisations comprising the One Gloucestershire ICS. Whilst a local construct, ILPs owe their existence to national and local drivers, appreciating the value of collaborative working across organisations for the benefit of the people and communities we serve. This includes the local establishment of general practice clusters followed by the national Primary Care Networks (PCNs) which focus on neighbourhood populations as aggregations of the registered lists of constituent GP practices but are designed to be wider than general practice.

3.10.2 ILPs focus on innovation and collaboration across primary care, and ICS partners including local providers and district councils. They aim to tackle the root cause of health inequalities; improve health and wellbeing; and develop new ways of working to support people to live well at home. The purpose of the partnerships means that representatives from partner organisations are included as equivalent members, therefore it is likely that there will be individuals with roles in both the ICB and a local provider from an organisation commissioned to provide new services.

3.10.2 The ICB will ensure that it manages conflicts of interest in relation to ILPs and

PCNs locally and in compliance with Annex K of the NHS England guidance which can be found [here](#).

#### 4. Declarations of Interest

**Statutory requirements:** ICB must make arrangements to ensure individuals declare any conflict or potential conflict in relation to a decision to be made by the group as soon as they become aware of it, and in any event within **28 days**. ICBs must record the interest in the registers as soon as they become aware of it.

##### 4.1 Definition of a Conflict of Interest

4.1.1 A conflict of interest occurs where an individual's ability to exercise judgement or act in one role is, or could be impaired or otherwise influenced by his or her involvement in another role or relationship. It can be described as 'a set of circumstances by which a reasonable person would consider that an individuals' ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold.'

4.1.2 A conflict of interest may be actual or potential:

- Actual – There is a material conflict between one or more interests.
- Potential – There is the possibility of a material conflict between one or more interests in the future.

4.1.3 Conflicts of interest are not possible to avoid in all instances, however, recognising where and how they arise and dealing with them appropriately will enable the ICB to demonstrate proper governance and decision making with regard to the use of public resources.

4.1.4 The individual does not need to exploit his or her position or obtain an actual benefit, financial or otherwise. A potential for competing interests and/or a perception of impaired judgement or undue influence can also be a conflict of interest.

##### 4.2 Who should declare interests

4.2.1 Declarations of interest and gifts and hospitality should be made by the following groups upon appointment to the ICB:

- **All ICB employees including:**
  - Any full and part time staff
  - Any staff on sessional or short term contracts
  - Any students and trainees
  - Agency staff
  - Seconded staff
  - Voluntary staff
  - Apprentices.
  - Members of the Board

- Members of the ICB Committees, Boards and Groups including Integrated Locality Partnership (ILP) members where the gift / hospitality is connected to their role within the ILP;
- And any individual directly involved with the business or decision-making of the ICB.

4.2.3 All ICB staff shall complete a declaration of interests online on appointment see Appendix 13 which describes the process.

### 4.3 Conflicts of Interests Guardian (COIG)

4.3.1 The ICB is required by NHS England to have a Conflicts of Interest Guardian (akin to a Caldicott Guardian) who will:

- Act as a conduit for members of the public who have any concerns in regard to conflicts of interest;
- Be the safe point of contact for a whistleblower within the organisation for issues pertaining to conflicts of interest; and
- Support the rigorous application of conflict of interest principles and policies;
- Provide independent advice and judgement where there is any doubt about how to apply conflicts of interest policies and principles in an individual situation;
- Provide advice on minimising the risks of conflicts of interest.

4.3.2 Whilst the COIG has an important role within the management of conflicts of interests, executive members of the ICB Board have an on-going responsibility for ensuring the robust management of conflicts of interest, and all ICB employees, Board and committee members will continue to have individual responsibility in playing their part on an ongoing and daily basis.

4.3.3 The COIG for Gloucestershire ICB is the NED who Chairs the ICB Audit Committee, who will be supported by the Associate Director of Corporate Affairs and Corporate Governance Manager.

4.3.4 Details about how to get in touch with the COIG can be found in Appendix 14.

### 4.4 Types of Conflicts of Interests

4.4.1 Types of conflicts of interest that can arise include the following and are fully defined within Appendix 1:

- **Financial interests;**
- **Non-financial professional interests;**
- **Non-financial personal interests;**
- **Indirect interests.**

4.4.2 It is not possible, or desirable, to define all instances in which an interest may be a real or perceived conflict. It is for each individual to exercise their judgement in deciding whether to register any interests that may be construed as a conflict. Individuals can seek guidance from the Associate Director of Corporate Affairs, but as a general rule “if in doubt, declare”.

4.4.3 Accordingly, members of the Board of the ICB are required to declare any relevant and material interests, and any gifts or hospitality offered and received in connection with their role in the ICB. Interests that may impact on the work of the Board and should be declared include:

- any directorships of companies likely to be engaged with the business of the clinical commissioning group;
- previous or current employment or consultancy positions;
- voluntary or remunerated positions, such as trusteeship, local authority positions, other public positions;
- membership of professional bodies or mutual support organisations;
- investments in unlisted companies, partnerships and other forms of business, major shareholdings and beneficial interests;
- gifts or hospitality offered to you by external bodies and whether this was declined or accepted in the last twelve months;
- any other conflicts that are not covered by the above.

4.4.4 Declaration must be made by all staff, members of the Board and others whose activities and interest are connected with the ICB. The declarations are made online. The declaration of interests form must be completed in the following instances:

***On appointment***

4.4.5 Applicants for any appointment to the Board of the ICB or its committees are required to declare any relevant interests. If any potential conflicts of interests arise these will be considered on a case by case basis by the recruiting manager and interview panel.

4.4.6 If it is considered that any individual has a material interest in an organisation which provides/is likely to provide substantial business to the ICB they shall not be entitled to be a member of the Board. A material interest can be defined as being so significant that the individual would be unable to make a full and proper contribution to the Board as this interest would preclude them from having involvement in the majority of discussions and decisions.

***At meetings***

4.4.7 All attendees at meetings are required to declare relevant interests as a standing agenda item for every Board, Committee, Sub-committee or working group meeting, before the item is discussed. It is also good practice to consider any potential interests in relation to the agenda items ahead of the meeting, when meeting papers are sent out and received. These declarations will be recorded within the minutes as appropriate.

4.4.8 A series of guides has been developed by NHS England to help effectively manage conflicts of interests including a summary guide for administrator staff responsible for organising and administering meetings. A copy is available [here](#) and on the ICB's intranet.

***When prompted to by the ICB***

4.4.8 The ICB will ensure that at the beginning of each financial year, staff are prompted to update their declarations of interest or make a nil return (via an online platform called Civica Declare) even where there are no interests or changes to declare. The ICB may ask for updates from individuals or groups on an adhoc basis where gaps are identified e.g. within internal audit or there has been a change in organisational circumstances which require a review of declarations.

#### ***Change of role or responsibility or circumstance***

4.4.9 Whenever an individual's role, responsibility or circumstances change in a way that affects the individual's interests (e.g. where an individual takes on a new role outside the ICB or enters into a new business or relationship), a further declaration should be made to reflect the change in circumstances as soon as possible, and in any event within **28 days**. This could involve a conflict of interest ceasing to exist or a new one materialising, and it is the responsibility of the individual concerned to make a further declaration as soon as possible, rather than waiting to be asked.

4.4.10 Whenever interests are declared they should be promptly reported to the Declarations of Interest Lead within the Corporate Governance team who has designated responsibility for maintaining the register of interests (further information at section 6).

### **4.5 Managing Conflicts of Interest at Meetings**

**Statutory requirements:** The ICB must make arrangements for managing actual or potential conflicts of interest in such a way as to ensure that they do not, and do not appear to, affect the integrity of the group's decision making.

4.5.1 All members of the Board, sub-committees and meetings will be required to declare any interests in any agenda item before it is discussed or as soon as it becomes apparent, albeit if an interest is declared in the register of interests. Declarations of interest will be recorded in minutes of meetings accordingly.

4.5.2 When an interest is declared at a Committee or other decision making body, the Chair should make the decision as to whether that individual remains out of the discussion with regards to the topic in which the interest is declared, or other action taken as appropriate (see below). Further information regarding the Chair's role can be found at 3.4 of this policy.

4.5.3 It is imperative that the ICB ensures complete transparency in decision-making processes through robust record-keeping. If any conflicts of interest are declared or otherwise arise in a meeting, the Chair must ensure the following information is recorded in the minutes:

- Who has the interest;
- The nature of the interest and why it gives rise to a conflict;
- The items on the agenda to which the interest relates;
- How the conflict was agreed to be managed; and
- Evidence that the conflict was managed as intended.

It must also be recorded that no declarations of interest were made if applicable.

#### Exclusion of Individuals on Account of an Interest

- 4.5.4 All members of the Board of the ICB are required to declare their interests in relation to any items on the agenda at the start of each meeting however it is also good practice to consider potential conflicts against each agenda item before the meeting, and discuss these with the Chair and Associate Director of Corporate Affairs. Where the conflict is material to the discussion of the Board, that member shall withdraw from discussions pertaining to that agenda item, the conflict and the action will be recorded in the minutes of the meeting and the register of interests updated accordingly.
- 4.5.5 In some instances, a conflict may be so significant that an individual should not receive any documents/reports in relation to that agenda item. The Chair, with the assistance of the Associate Director of Corporate Affairs will be responsible for making this decision prior to the forwarding of meeting papers. This issue demonstrates the importance of proactive conflicts of interest management.
- 4.5.5 It is the responsibility of the Associate Director of Corporate Affairs to monitor quorum and advise the Chair accordingly to ensure it is maintained throughout the discussion and decision of the agenda item. Should the withdrawal of the conflicted individual result in the loss of quorum, the item cannot be decided upon at that meeting.
- 4.5.6 Where permitted under the ICB's Constitution or the conditions of its governance arrangements, the Board has the power to waive restrictions on any clinical professional member participating in the business of the ICB, where to authorise such a conflict would be in the interests of the ICB. The application of a waiver can, therefore, be used in the following situations:
- a member of the Board is a clinical professional providing healthcare services to the ICB that do not exceed the average for other practices and NHS entities commissioned to provide services by the ICB; or
  - where the Board member has a pecuniary interest arising out of the delivery of some professional service on behalf of the ICB, and the conflict has been adjudged by the Chair and the Conflict of Interest Guardian not to bestow any greater pecuniary benefit to other professionals in a similar relationship with the ICB.
- 4.5.7 Where the Chair and the Conflict of Interests Guardian have approved the use of the waiver, the Chair must have discussed it with the Chief Executive Officer before the meeting. In such circumstances where the waiver is used, the Board member:
- must disclose their interest as soon as practicable at the start of the meeting;
  - may participate in the discussion of the matter under consideration; but
  - must not vote on the subject under discussion.
- 4.5.8 The minutes of the meeting will formally record that the waiver has been used, and that this policy and the appropriate document provisions have been observed in managing that authorised conflict. Where a member has withdrawn from the meeting for a particular item, the Associate Director of Corporate Affairs



will ensure that the minutes for that member do not contain such information that may compound the potential conflict, but do not unnecessarily disadvantage the member in their performance of their functions and legal responsibilities.

#### Decisions Taken With an Interest

- 4.5.9 In the event of the Board having to decide upon a question in which a member has an interest, all decisions will be made by vote, with a simple majority required. A quorum must be present for the discussion and decision; interested parties will not be counted when deciding whether the meeting meets quorum. Conflicted members **must not vote** on matters affecting their own interests, even where the use of the waiver has been approved by the chair and used.
- 4.5.10 All decisions under a conflict of interest will be recorded by the Associate Director of Corporate Affairs and reported in the minutes of the meeting as outlined within section 4.5.3 but should also include the use of the waiver if there has been one, and the reason behind it implementation.
- 4.5.11 Where a Board member benefits from the decision; this will be reported in the annual report and accounts, as a matter of best practice. All payments or benefits in kind to Board members will be reported in the ICB's accounts and annual report, with amounts for each Board member listed for the year in question.

#### 4.5.13 Primary Care & Direct Commissioning Committee (PC & DC)

- a) Gloucestershire ICB holds delegated commissioning responsibility for Primary Care and therefore has an established Primary Care & Direct Commissioning Committee.
- b) In time the Committee may be given delegated commissioning responsibility for community dentistry, optometry and pharmacy and therefore this policy will apply to those commissioned services.
- c) Due to their nature in deciding on Primary Care services, the Committee holds a number of potential conflicts of interests risks. These meetings are held in public unless the ICB has concluded that it is appropriate to exclude them.

Examples of where it may be appropriate to exclude the public include:

- Information about individual patients or other individuals which includes sensitive personal data is to be discussed;
  - Commercially confidential information is to be discussed, for example the detailed contents of a provider's tender submission;
  - Information in respect of which a claim to legal professional privilege could be maintained in legal proceeding is to be discussed;
  - To allow the meeting to proceed without interruption and disruption.
- b) In the interest of minimising these risks, the ICB ensures that GPs are not members of the PC&DC committee. The arrangements do not preclude GP participation in strategic discussions of Primary Care issues, subject to appropriate management of conflicts of interest. They apply to decision-making

on procurement issues and the deliberations leading up to the decision. GP and other clinical professionals input into clinical issues in Primary Care is important therefore they shall remain in attendance at PC&DC meetings, where required for specific primary care items of business.

- c) It is also important that conflicts of interests are managed appropriately within sub-committees and sub-groups. Therefore as an additional safeguard, sub-groups must submit their minutes to the PC&DC, detailing any conflicts and how they have been managed. The PC&DC should be satisfied that conflicts of interest have been managed appropriately in its sub-committees and other relevant groups, and take action where there are concerns.
- d) Similar arrangements to those described above will be established as the ICB takes on delegated commissioning for other primary care services such as dentistry, optometry and pharmacy.

## **5. Gifts, Hospitality and other areas of Business Conduct**

5.1 Staff in the NHS offer support during significant events in people's lives, and we should be proud that services are valued, but situations where the acceptance of gifts could rise to conflicts of interest should be avoided. Employees of the ICB may accept gifts, sponsorship and/or hospitality under certain circumstances, which are outlined in the following sections of this policy. In the interests of transparency, any offers outside these circumstances must be refused however must still be recorded. A central register will be maintained by the Corporate Governance team and reported to the Audit Committee at quarterly intervals as part of the ICB's internal assurance process.

5.1.1 ICB staff and members should be mindful that even gifts of a small value may give rise to perceptions of impropriety and might influence behaviour if not handled in an appropriate way. This is also the case where the ICB staff give gifts on behalf of the ICB to other organisations and individuals. As a general rule the ICB discourages its employees accepting or giving gifts except in exceptional circumstances (see conditions below). Employees are encouraged to seek advice from the Associate Director of Corporate Affairs and / or the Conflicts of Interests Guardian.

### **5.2 Gifts**

5.2.1 A 'gift' is defined as any item of cash or goods, or any service, which is provided for personal benefit, free of charge or at less than its commercial value.

5.2.2 All gifts of any nature offered to ICB staff, Board and committee members by suppliers or contractors linked (currently or prospectively) to the ICB's business should be declined, whatever their value. However, low cost branded promotional aids may be accepted and not declared where they are under the value of a common industry standard of **£6**. The person to whom the gifts were offered should also declare the offer to the Corporate Governance team who have designated responsibility for maintaining the register of gifts and hospitality so the offer which has been declined can be recorded on the register.

- 5.2.3 Gifts offered from other sources (e.g. **patients, families, service users**) may be accepted if they are **under the value of £50** and do not need to be declared. Gifts at over this value should be treated with caution and should only be accepted on behalf of an organisation, not in a personal capacity and should be declared. Multiple gifts from the same source over a twelve month period should be treated in the same way as single gifts over £50 where the cumulative exceeds £50. ICB staff and members should not request gifts, and staff should operate a common sense approach to the valuing of gifts.
- 5.2.4 Any personal gift of cash or cash equivalents (e.g. vouchers, tokens, offers of remuneration to attend meetings whilst in a capacity working for or representing the ICB) **must always be declined**, whatever their value and whatever their source, and the offer which has been declined must be declared to the Corporate Governance team who have designated responsibility for maintaining the register of gifts and hospitality and recorded on the register.
- 5.2.5 Employees must declare any gifts using the online platform (Civica Declare) provided, whether or not the offer has been refused or accepted to ensure that the employee and the ICB are protected against any subsequent accusation of compromise.
- 5.3 Hospitality
- 5.3.1 Hospitality means offers of meals, refreshments, travel, accommodation and other expenses in relation to attendance at meetings, conferences, education and training events.
- 5.3.2 A blanket ban on accepting or providing hospitality is neither practical nor desirable from a business point of view however, all offers of hospitality should be approached with caution by employees of the ICB. Any offers of modest hospitality including a drink or a sandwich during an external meeting or free parking to attend a meeting do not require approval from a manager.
- 5.3.3 Employees should refuse any hospitality which may compromise or be reasonably seen to compromise their ability to exercise judgement in their role. Offers of hospitality including holiday accommodation, sporting fixtures, theatre or other events **must be declined**. Particular caution should be exercised when hospitality is offered by actual or potential suppliers or contractors, these can be accepted if modest and reasonable, but individuals should always obtain senior approval (e.g. Director or Associate Director of Corporate Affairs ) and declare these.
- 5.3.4 Hospitality must be secondary to the purpose of the meeting and should not be out of proportion to the occasion or exceed the level which the staff member would normally adopt under normal circumstances when paying for themselves, or that would normally be acceptable to the NHS.
- 5.3.5 Meals and refreshments:
- Under the value of **£25** may be accepted and **need not be declared**;
  - Of a value between **£25 and £75 may be accepted** and must be declared;

- Over a value **of £75** should be **refused** unless (in exceptional circumstances) **senior approval is given**. A clear reason should be recorded on the register as to why it was permissible to accept;
- A common sense approach should be applied to the valuing of meals and refreshments (using the actual amount, if known).

#### 5.3.6 Travel and accommodation

- Modest offers to pay some or all of the travel and accommodation costs related to attendance at events may be accepted however must be declared;
- Offers which go beyond modest, or are of a type that the ICB itself might not usually offer, need approval by senior staff and should only be accepted in exceptional circumstances.

#### 5.4 Commercial Sponsorship

5.4.1 For the purpose of this policy commercial sponsorship is defined as “NHS funding from an external source, including funding of all or part of the cost of a member of staff, NHS research, staff training, pharmaceuticals, equipment, meeting rooms, costs associated with meetings, meals, gifts, hospitality, hotel and transport costs, provision of free services and buildings or premises.”

5.4.2 Commercial sponsorship can include different forms, the most applicable to the ICB include:

- Financial support and hospitality for meetings;
- Attendance at conferences;
- Publications;
- Training.

5.4.3 ICB employees should read the ‘Policy for the Joint Working between NHS Gloucestershire ICB and the Pharmaceutical Industry’ in conjunction with this policy where commercial sponsorship is from pharmaceutical companies.

5.4.4 In all cases, CCG employees must declare sponsorship or any commercial relationship linked to the supply of goods or services **where this is above the estimated value of £25.00**. This should be declared on the provided platform (*the ICB uses Civica Declare system*). The Governance Team record the declaration within the Commercial Sponsorship Register.

5.4.5 As a general rule, sponsorship arrangements involving the ICB will be at a corporate, rather than individual level.

5.4.6 If publications are sponsored by a commercial organisation, that organisation should have no influence over the content of the publication. The company logo can be displayed on the publication, but no advertising or promotional information should be displayed. The publication should contain a disclaimer which states that sponsorship of the publication does not imply that the ICB endorses any of the company’s products or services.

5.4.7 All ICB employees and individuals acting on behalf of the ICB should discuss the implications, with their manager, before accepting an invitation to speak at

a meeting organised by a pharmaceutical company. The company should have no influence over the content of any presentation made by the ICB employee/representative. It should be made clear that ICB presence does not imply that the ICB endorses any of the company's products or services.

5.4.8 Under no circumstances will the ICB agree to 'linked deals' whereby sponsorship is linked to the future purchase of particular products or to supply from particular sources.

5.4.9 Sponsorship of NHS events can sometimes occur and is valued. Offers to meet some or part of the costs of running an event secures their ability to take place, benefiting NHS staff and patients. However, there is potential for conflicts of interest between the organiser and the sponsor, particularly regarding the ability to market commercial products or services. As a result of this, the ICB will ensure proper safeguards in place to prevent such conflicts occurring.

5.4.10 When sponsorship is offered, the following principles must be adhered to:

- Sponsorship of events by appropriate external bodies should only be approved if a reasonable person would conclude that the event will result in clear benefit for the ICB/ICS and the NHS;
- During dealing with sponsors there must be no breach of patient or individual confidentiality or data protection rules and legislation;
- No information should be supplied to the sponsor from which they could gain a commercial advantage, and information which is not in the public domain should not normally be supplied;
- At the ICB's discretion, sponsors or their representatives may attend or take part in the event but they should not have a dominant influence over the content or the main purpose of the event;
- The involvement of a sponsor in an event should always be clearly identified in the interest of transparency;
- The ICB should make it clear that sponsorship does not equate to endorsement of a company or its products and this should be made visibly clear on any promotional or other materials relating to the event. An appropriate disclaimer by the ICB should be included on any brochures / leaflets (consult the Associate Director of Corporate Affairs for further advice);
- Staff should declare involvement with arranging sponsored events to their line manager and the Governance Team.

## 5.5 Secondary Employment

5.5.1 As per the standard contract of employment, individuals working for the ICB are required to notify the ICB of any secondary employment. This is also covered in the ICB Working Time Regulations Policy. The ICB reserves the right to take action where it believes a conflict will arise which cannot be effectively managed.

5.5.2 The purpose of this is to ensure that the ICB is fully aware of any potential conflicts of interest. Examples of work which might conflict with the business of the ICB include:

- Employment with another NHS body;

- Employment with another organisation which might be in a position to supply goods or services to the ICB;
- Self-employment, including private practice, in a capacity which might conflict with the work of the ICB or which might be in a position to supply goods or services to the ICB.

5.5.3 Outside employment and private practice (secondary employment) must be declared as a potential conflict of interest, whether the individual believes it to be a conflict or not.

5.5.4 Should a staff member hold any secondary employment which may conflict with the work of the ICB, the ICB will consider whether, practically, such an interest is manageable at all. If it is not, the appropriate course of action may be to refuse to allow circumstances which give rise to the conflict to persist. This may require an individual to step down from a particular role and/or move to another role within the ICB.

## 5.6 Co-operation with product suppliers

5.6.1 All requests for co-operation from product suppliers that are received by members of staff should be referred to their senior managers. Suppliers should also be provided with a copy of this policy and the Counter Fraud, Bribery and Corruption Policy. They must be reminded that the CCG has a zero tolerance approach to fraud and bribery (see the ICB Bribery Statement [here](#)).

5.6.2 There are occasions when it may be beneficial to patients and clients for staff to participate in trials of products and appliances which may be used in the delivery of our services. Patients may ultimately benefit from the development of new products, and being involved in such trials ensures our staff are up to date with current product development.

5.6.3 Any financial incentives offered to staff to participate in such trials should be dealt with in the same way as monetary gifts given by patients. Staff are reminded that if they are asked to participate in any research or trials, this must be submitted to their Line Manager / Director before any agreement to participation is given. Advice can also be sought from the Associate Director of Corporate Affairs / COIG.

5.6.4 Employees who attend educational meetings or conferences where some part of their costs (registration fees, travel or accommodation) are paid by commercial companies, they must declare the sponsorship to the Corporate Governance team on the online platform (Civica Declare) provided in addition to seeking the usual agreement for study leave.

## 5.7 Personal Conduct

5.7.1 The lending or borrowing of money between staff should be avoided, whether informally or as a business, particularly where the amounts are significant.

5.7.2 It is a particularly serious breach of discipline for any member of staff to use their position to place pressure on someone in a lower pay band, a business contact, or a member of the public to loan them money.

- 5.7.3 No member of staff may bet or gamble when at work or on ICB premises, any involvement in lottery syndicates or sweepstakes should be carried out in staff member's personal time, outside of the work environment.
- 5.7.4 Staff who become bankrupt or insolvent must inform their line management and Human Resources as soon as possible. Staff who become bankrupt or insolvent cannot be employed in posts that involve duties which might permit the misappropriation of public funds or involve the handling of money.
- 5.7.5 A member of staff who is arrested and refused bail or convicted of any criminal offence must inform their line management and Human Resources who will take appropriate action in line with the ICB disciplinary policy. All ICB staff should make themselves aware of the ICB Counter Fraud, Bribery and Corruption Policy. ICB managers must ensure they adhere to the NHS Management Code of Conduct at all times.

## 5.8 Political Activities

- 5.8.1 Any political activity should not identify an individual as an employee of the ICB. Conferences or functions run by a party political organisation should not be attended in an official capacity, except with prior written permission from the Chief Executive Officer and Chair of the ICB in exceptional circumstances.

## 5.9 Appointing Board or Committee Members

- 5.9.1 The ICB needs to consider whether conflicts of interest should exclude individuals from being appointed to the Board or to a Committee or Sub-Committee membership. This will be considered on a case by case basis with reference to the disqualification criteria outlined in the **ICB's Constitution**, NHS England guidance. :
- 5.9.2 In these instances, the ICB will assess the materiality of the interest, in particular whether the individual could benefit from any decision the ICB might make. This will be particularly relevant for Board, committee and sub-committee appointments, but should also be considered for all employees and especially those operating at a senior level.
- 5.9.3 The ICB will need to determine the extent of the interest and the nature of the appointee's proposed role within the ICB. If the interest is related to an area of business significant enough that the individual would be unable to operate effectively and make a full and proper contribution in the proposed role, then that individual should not be appointed to the role.
- 5.9.4 The responsibility for this decision will sit with the recruiting manager for the particular post (usually the Chair of the Board for board members) in liaison with the interview or appointment panel as appropriate. For committee membership issues, this will be the responsibility of the Chair with advice and support from the Associate Director of Corporate Affairs and the Chief Executive Officer. Sometimes the Board as a whole may wish to discuss the issue together to reach a decision. However, this decision relies on the applicants declaration of interest as outlined in this policy.

## 5.10 The Commissioning Cycle

- a) Conflicts of interest need to be managed appropriately throughout the whole commissioning cycle. At the outset of a commissioning process, the relevant interests of all individuals involved should be identified and clear arrangements put in place to manage any conflicts of interest. This includes consideration as to which stages of the process a conflicted individual should not participate in, and, in some circumstances, whether that individual should be involved in the process at all.
- b) The way in which services are designed can either increase or decrease the extent of perceived or actual conflicts of interest. Particular attention should be given to public and patient involvement in service development.

#### 5.10.1 Commissioning Services from GP Practices

The ICB will abide by the NHS Commissioning Board Code of Conduct which sets out additional safeguards to use when commissioning services for which GP practices could be potential providers.

#### 5.10.2 Procuring Services

- a) The management of conflicts of interest is vitally important in the procurement of clinical services and managing them appropriately is paramount to the probity and accountability of the ICB's decision making and will ensure that the principles of transparency and fairness are upheld. The ICB's must and will comply with two different regimes of procurement law and regulation when commissioning healthcare services:
  - The NHS procurement regime;
  - The European procurement regime.
- b) The Procurement Strategy for the Purchase of Healthcare Services considers conflicts of interest that may exist when commissioning services from providers including GP practices and community interests companies etc, and should be read in conjunction with this policy where appropriate.

Such a conflict could arise:

- In carrying out a competitive tender: where GP practices or other providers in which a member of the Board, committee or working group have an interest are amongst those bidding to provide those services;
- When procuring clinical services through Any Qualified Provider: where one or more GP practice or other providers in which ICB members have an interest, are amongst the qualified providers from which patients can choose.

In managing conflicts of interests in procuring services the ICB will:

- Comply with its statutory obligations in relation to the management of conflicts of interest;



- Have regard to relevant guidance published by NHS England in relation to the discharge of its statutory obligations; and
- Comply with its constitution in relation to the management of conflicts of interests;
- Maintain and publish a register of completed procurements outlining any conflicts of interests declarations;
- Make the register of procurement decisions available within its annual accounts.

Regulation 6 of the NHS (Procurement, Patient Choice and Competition) Regulations 2013 requires the ICB to:

- Manage conflicts and potential conflicts of interest when awarding a contract by prohibiting the award of the contract where the integrity of the award has been or appears to have been affected by a conflict; and
  - Keep appropriate records of how conflicts of interest have been managed in individual cases.
- d) The ICB will complete the Procurement checklist (Appendix 9) when procuring services from providers, to ensure full due consideration is given to the process of procurement. This information will then be transferred onto the Register of procurements decisions and contracts awarded (Appendix 10 and 11) and made publically available.
- e) Bidders and contractors will be required to declare any potential conflicts of interest that could arise if they were to take part in any procurement process and/or provide services under, or otherwise enter into any contract with, the ICB, or with NHS England. The ICB will request bidders and contractors to complete the form at Appendix 12 of this policy.

## 6. Registers of Interests

**6.1 Statutory requirements:** The ICB must maintain one or more registers of interest of: for members of its Board, members of its committees or sub-committees of its Board, and its employees. The ICB must publish, and make arrangements to ensure that members of the public have access to, these registers on request.

6.1 The ICB has a statutory requirement to maintain one or more registers of interest of, members of the Board, members of its committees or sub-committees of its Board, and its employees in relation to the issues detailed in section 4 and 5 of this policy:

- Interests declared at decision making bodies;
- Interests declared by Board members and other staff which could potentially influence their decision making;
- Gifts and Hospitality declarations;
- Commercial Sponsorship

- Association of British Pharmaceutical Industry (reference to this register shall be included on the ICB website).

6.1.1 The ICB must publish the registers at least annually, and will also make arrangements to ensure that members of the public have access to these registers upon request.

6.2 Interests will be recorded on the ICB's Register of Interests as and when they are declared, within 28 days. They should be reported to the Associate Director of Corporate Affairs on the relevant form who will maintain the register on behalf of the Accountable Officer. The register will be accessible by the public and inspection of the register of Board members' interests will be encouraged, as appropriate.

6.3 Any interests must be promptly transferred onto the relevant register and should remain on the public register for a minimum of 6 months after the interest has expired. The register will also remain on file for **6 years after archiving (see Appendix 13 to describe the process in more details)**

6.5 In exceptional circumstances, where the public disclosure of information could give rise to a real risk of harm or is prohibited by law, an individual's name and/or other information may be redacted from the publicly available register(s). Where an individual believes that substantial damage or distress may be caused, to him/herself or somebody else by the publication of information about them, they are entitled to request that the information is not published. Such requests must be made in writing. Decisions not to publish information must be made by the COIG for the ICB, who should seek appropriate legal advice if and where required, and the ICB should retain a confidential un-redacted version of the register(s).

6.6 The register(s) of interests (including the register of gifts and hospitality) will be published as part of the ICB's Annual Report and Governance Statement.

## 7 Counter Fraud

7.1 The ICB aims to ensure that all staff can feel supported should they have any concerns of dishonest or fraudulent behaviour conducted at their workplace.

7.2 Staff concerned about how to raise their suspicions can receive independent and confidential advice from their Local Counter Fraud Specialist, the NHS Fraud and Corruption Reporting Line, the online fraud reporting tool (FCROL) - <https://www.reportnhsfraud.nhs.uk/>; from the charity "Public Concern at Work" or from the ICB's own whistleblower contact..

7.3 Further information about the ICB's approach to Counter Fraud can be found within the Counter Fraud, Bribery and Corruption Policy.

## 8 Internal Audit

- 8.1 The ICB is required to undertake an audit of conflicts of interest management as part of their internal audit on an annual basis. The results of this will be reflected in the ICB's Governance Statement.

## 9 Target Audience

- 9.1 The target audience for the policy is the ICB Board, members of staff, primary care and any other persons working on behalf of the ICB or members of ICB committees.
- 9.2 A copy of this policy will be made available on the ICB external internet site for the public to access, in line with best practice guidance.

## 10 Communication

- 10.1 This policy will be sent to members of the Board via email, included within the weekly Staff Brief and placed on the ICB intranet site for onward access.

## 11 Training

- 11.1 NHS England requires that the ICB has a structured conflicts of interests training programme in place for all staff. The ICB will use the NHS England mandatory online training package and other training materials in order to comply with this requirement and all staff will be required to complete training on an annual basis. The training requirements for ICB staff are detailed in Appendix 14.
- 11.2 ICB Non-Executive members and the rest of the Board may receive additional training in accordance with national guidelines, including any face to face training offered by NHS England. Training will also be offered to non-ICB members who sit on ICB committees so that they may discharge their duties effectively.

## 12 Managing Breaches

- 12.1 Failure to comply with this policy could have serious implications for the ICB and the individuals concerned.
- 12.2 It is a duty of every ICB employee, Board member, committee or sub-committee member to speak up about genuine concerns in relation to the administration of the ICB's policy on conflicts of interest management, and to report these concerns. These individuals should speak to the Associate Director of Corporate Affairs and/or COIG or Freedom to Speak-up Guardian should they have any concerns (see Appendix 15 for contact details).
- 12.3 Anyone who wishes to report a suspected or known breach of this policy who is not an employee or worker of the ICB, should ensure they comply with their own organisation's whistleblowing policy. This policy takes into account guidance issued under the 'Freedom to speak up: raising concerns (whistleblowing) policy for the NHS'. Please refer to the ICB Whistleblowing Policy that incorporates Freedom to Speak up [here](#).

- 12.4 All such notification should be treated with appropriate confidentiality at all times in accordance with the ICB's policies and applicable laws, and the person making such disclosures should expect an appropriate explanations of any decisions taken as a result of any investigation.
- 12.5 Individuals who fail to disclose any conflict of interest or who otherwise breach the ICB rules and policies relating to the management of conflicts of interest may be subject to investigation and, where appropriate, to disciplinary action. ICB staff, Board and committee members should be aware that outcomes of such action may, if appropriate, result in the termination of their employment or position with the ICB.
- 12.6 Any deliberate failure to declare an interest will be addressed through the relevant ICB disciplinary route with the individual concerned.
- 12.7 The ICB will ensure that any breaches are anonymously published on the public facing website at least annually in line with NHS England guidance, and will also state clearly if no breaches have occurred.

### 13 References/Further reading

13.1 Please find listed below details of organisations used in researching this protocol.

- NHS Commissioning Board – Towards establishment: *Creating responsive and accountable clinical commissioning groups* (February 2012)
- NHS Commissioning Board – Towards establishment: *Technical Appendix 1 - Managing conflicts of interest* (February 2012)
- NHS Commissioning Board – Code of Conduct: *Managing conflicts of interest where GP practices are potential providers of CCG commissioned services* (June 2012)
- ICSA Guidance Note 120228 – *Model conflicts of interest policy for clinical commissioning group board members* (February 2012)
- NHS Confederation / RCGP Centre for Commissioning – *Managing conflicts of interest in clinical commissioning groups* (September 2011)
- NHS England – *Managing Conflicts of Interest: Revised Statutory Guidance for CCGs 2017 version 7*
- NHS England's - *Best Practice Update on Conflicts of Interest Management: Call to Action for CCGs published in February 2019*
- NHS Protect – *Bribery Act 2010 Guidance 2015*
- Department of Health - *Commercial Sponsorship – Ethical Standards for the NHS*
- NHS England - CCG Governing Body members: Roles outlines,

attributes and skills (April 2012)

- CCG Improvement and Assessment Framework (March 2016)
- The Good Governance Standards for Public Services (2004)
- The Equality Act (2010)
- CCG Whistleblowing Policy
- CCG Disciplinary Policy
- Counter Fraud, Bribery and Corruption Policy

#### **14 Commitment to Review**

- 14.1 The ICB will review this policy at least every three years and where required in order to comply with new guidance and regulations as appropriate.

**Types of Conflicts**

Interests can be captured in four different categories:

**Financial Interest**

This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could, for example, include being:

- A director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possible seeking to do, business with health or social care organisations.
- A shareholder (or similar ownership interests), a partner or owner of a private or not-for-profit company, business, partnership or consultancy which is doing, or which is likely, or possible seeking to do, business with health or social care organisations.
- A management consultant for a provider.

**Non-financial professional interests**

This is where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career. This may, for example, include situations where the individual is:

- An advocate for a particular group of patients;
- A GP with special interest e.g. in dermatology, acupuncture etc
- A member of a particular specialist professional body (although routine GP membership of the RCGP, British Medical Association (BMA) or a medical defence organisation would not usually by itself amount to an interest which needed to be declared)
- An advisor for the Care Quality Commission (CQC) or the National Institute for Health and Care Excellence (NICE)
- A medical researcher.

**Non Financial Personal Interest**

This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is:

- A voluntary sector champion for a provider;
- A volunteer for a provider;
- A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation;
- Suffering from a particular condition requiring individually funded treatment;
- A member of a lobby or pressure group with an interest in health.

### **Indirect interests**

This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision (as those categories are described above) for example, a:

- Spouse/partner
- Close relative e.g. parent, grandparent, child, grandchild or sibling;
- Close friend;
- Business partner.

Whether an interest held by another person gives rise to a conflict of interests will depend upon the nature of the relationship between that person and the individual, and the role of the individual within the ICB.

**Further information on examples of situations that may arise can be found within the NHS England case studies which can be found [here](#).**





**Template Declarations of Interest checklist (For meetings)**

It is essential that declarations of interest and actions arising from the declarations are recorded formally and consistently across the ICB Board, committees and sub-committee meetings. This checklist has been developed with the intention of providing support in conflicts of interest management to the Chair of the meeting – prior to, during and following the meeting. It does not cover the requirements for declaring interests outside of the committee process.

Timing	Checklist for Chairs	Responsibility
<p><b>In advance of the meeting</b></p>	<p>1. The agenda to include standing item on declaration of interests to enable individuals to raise any issues and/or make a declaration at the meeting.</p>	<p><b>Chair and secretariat</b></p>
	<p>2. A definition of conflicts of interest should also be accompanied with each agenda to provide clarity for all recipients.</p>	<p><b>Chair and secretariat</b></p>
	<p>3. Agenda to be circulated to enable attendees (including visitors) to identify any interests relating specifically to the agenda items being considered.</p>	<p><b>Chair and secretariat</b></p>
	<p>4. Members should contact the Chair as soon as an actual or potential conflict is identified.</p>	<p><b>Meeting members</b></p>
	<p>5. Chair to review a summary report from preceding meetings i.e. sub-committee, working group, etc, detailing any conflicts of interest declared and how this was managed.</p>	<p><b>Chair</b></p>
	<p>6. A copy of the members' declared interests is checked to establish any actual or potential conflicts of interest that may occur during the meeting.</p>	<p><b>Chair</b></p>
<p><b>During the meeting</b></p>	<p>7. Check and declare the meeting is quorate and ensure that this is noted in the minutes of the meeting</p>	<p><b>Chair</b></p>
	<p>8. Chair requests members to declare any interest in agenda items – which have not already been declared, including the nature of the conflict</p>	<p><b>Chair</b></p>

	<p><b>9.</b> Chair makes a decision as to how to manage each interest which has been declared, including whether/to what extent the individual member should continue to participate in the meeting, on a case by case basis, and this decision is recorded.</p> <p><b>10.</b> As minimum requirement, the following should be recorded in the minutes of the meeting:</p> <ul style="list-style-type: none"> <li>• Individual declaring the interest;</li> <li>• At what point the interest was declared;</li> <li>• The nature of the interest;</li> <li>• The Chair’s decision and resulting action taken;</li> <li>• The point during the meeting at which any individuals retired from and returned to the meeting – even if an interest has not been declared</li> </ul>	<p><b>Chair and Secretariat</b></p> <p><b>Secretariat</b></p>
<p><b>Following the meeting</b></p>	<p><b>11.</b> All new interests declared at the meeting should be promptly updated onto the declaration of interest form.</p> <p><b>12.</b> All new completed declaration of interest should be transferred into the register of interests.</p>	<p><b>Individual(s) declaring interest(s)</b></p> <p><b>Designated person responsible for registers of interest</b></p>



Appendix 7

**Board / Committee name**

Date

<b>Report Title</b>	<b>This should be very short and clear (in bold) including version no.</b>			
<b>Purpose (X)</b>	<b>For Information</b>	<b>For Discussion</b>	<b>For Decision</b>	
<b>Route to this meeting</b>	Describe the prior engagement pathways this paper has been through, including outcomes/decisions:			
	<b>ICB Internal</b>	<b>Date</b> dd/mm/yyyy	<b>System Partner</b>	<b>Date</b> dd/mm/yyyy
<b>Executive Summary</b>	Clearly outline what the report is trying to achieve without going into fine details. It is a summary to briefly state the <b>purpose of the paper</b> .			
<b>Key Issues to note</b>	Identify the key issues that the report is attempting to address here, and any issues that have arisen during the project / programme / production of the paper itself.			
<b>Key Risks:</b>	Summarise highest risks associated with the paper and how these have been managed; it is unlikely that there would be none. Has the risk been added to the risk register or BAF? Include relevant information from risk register where applicable.			
<b>Original Risk (CxL)</b>	Add a risk rating, even if low: (4x2) 8			
<b>Residual Risk (CxL)</b>	(4x2) 8 (residual meaning accepted risk)			
<b>Management of Conflicts of Interest</b>	Answer the following questions: <ul style="list-style-type: none"> <li>• Who has been conflicted in the process / project ?</li> <li>• How was this managed?</li> <li>• Has it been logged on the declaration of interest register?</li> </ul>			
<b>Resource Impact (X)</b>	<b>Financial</b>		<b>Information Management &amp; Technology</b>	
	<b>Human Resource</b>		<b>Buildings</b>	

9

<b>Financial Impact</b>	What financial impact will there be to the ICB and/or wider system? If small, include 'small financial impact' and try to outline. If significant, this should be further discussed within the detail of the report.		
<b>Regulatory and Legal Issues (including NHS Constitution)</b>	Consider statutory requirements and laws. How does the issue / project relate to the NHS constitution and the ICB constitution? Are there any potential legal issues that <u>could</u> arise that the Board/Committee need to be aware of?		
<b>Impact on Health Inequalities</b>	This is about patients. How will this impact on health inequalities for people?		
<b>Impact on Equality and Diversity</b>	An EIA should be completed for large scale projects and initiatives and the outcomes should be included here.		
<b>Impact on Sustainable Development</b>	Will there be any impact on sustainability of programmes, places or people. How does the proposal meet the ICB/ICS objectives for sustainable developments?		
<b>Patient and Public Involvement</b>	Will the decision impact on patients, carers, families or the public? If so, how have they been involved in the process? Will the report be published anywhere?		
<b>Recommendation</b>	The Committee/Board (delete as appropriate) is requested to: <ul style="list-style-type: none"> <li>• Note ... (when provided for information)</li> <li>• Discuss... (when there are options to consider)</li> <li>• Support... (direction of travel; set up of xxx)</li> <li>• Approve... (when seeking sign off)</li> </ul>		
<b>Author</b>	<table border="1" style="width: 100%;"><tr><td style="width: 50%;"></td><td style="width: 50%;"><b>Role Title</b></td></tr></table>		<b>Role Title</b>
	<b>Role Title</b>		
<b>Sponsoring Director (if not author)</b>	Executive Lead, if not the author.		

<b>Glossary of Terms</b>	<b>Explanation or clarification of abbreviations used in the paper</b>
ICS	Integrated Care System
ICB	Integrated Care Board
GHC	Gloucestershire Health & Care Foundation Trust
GHFT	Gloucestershire Hospitals NHS Foundation Trust
GCC	Gloucestershire County Council
VCSE	Voluntary, Community and Social Enterprise
Add more as required	

**Appendix 8**

**Template Register of Interests declared during a meeting**

The ICB will hold one register per meeting

Date of Meeting	Name	Title	Agenda item	Interest	Action taken

**Procurement Checklist – For Commissioning**

<b>Service:</b>	
<b>Question</b>	<b>Comment/ Evidence</b>
<b>1. How does the proposal deliver good or improved outcomes and value for money – what are the estimated costs and the estimated benefits? How does it reflect the ICB’s proposed commissioning priorities? How does it comply with the ICB’s commissioning obligations?</b>	
<b>2. How have you involved the public in the decision to commission this service?</b>	
<b>3. What range of health professionals have been involved in designing the proposed service?</b>	
<b>4. What range of potential providers have been involved in considering the proposals?</b>	
<b>5. How have you involved your Health and Wellbeing Board(s)? How does the proposal support the priorities in the relevant joint health and wellbeing strategy (or strategies)?</b>	
<b>6. What are the proposals for monitoring the quality of the service?</b>	
<b>7. What systems will there be to monitor and publish data on referral patterns?</b>	
<b>8. Have all conflicts and potential conflicts of interests been appropriately declared and entered in registers?</b>	
<b>9. In respect of every conflict or potential conflict, you must record how you have managed that conflict or potential conflict. Has the management of all conflicts been recorded with a brief explanation of how they have been managed?</b>	
<b>10. Why have you chosen this procurement route e.g., single action tender?<sup>1</sup></b>	

<sup>1</sup>Taking into account all relevant regulations (e.g. the NHS (Procurement, patient choice and competition) (No 2) Regulations 2013 and Page 35 of 49

<p><b>11. What additional external involvement will there be in scrutinising the proposed decisions?</b></p>	
<p><b>12. How will the ICB make its final commissioning decision in ways that preserve the integrity of the decision-making process and award of any contract?</b></p>	
<p><b>Additional question when qualifying a provider on a list or framework or pre selection for tender (including but not limited to any qualified provider) or direct award (for services where national tariffs do not apply)</b></p>	
<p><b>13. How have you determined a fair price for the service?</b></p>	

\_\_\_\_\_ guidance (e.g. that of Monitor).

## Appendix 10

## Template Procurement decisions and contracts awarded

Procurement Title & Tender Reference / Advertisement Reference	Existing Contract or New Procurement	ICB Commissioning Area	Provider Name & Address	Contract Start Date	Contract End Date	Total Contract Value & Contract Value to ICB	Procurement Type	Summary of Conflicts of Interest Declared and how these were managed	Decision Making Committee & Process
Example:									
Provision of Out of Hours P Medical Services NGPT 42 / 2014 2014S / 123456	New Procurement	Urgent Care and Contracting	SWAST	1 April 2015	31 March 2018	£21M £21M	OJEU Restricted Procedure	Out of County GP – Clinical Director in a Social Enterprise who might bid for the service. The organisation didn't bid. Senior Manager Engagement & Inclusion – Married to a registered paramedic employed by one of the bidding organisations. The individual's line manager monitored the evaluation to ensure it was conducted in a fair and robust manner. Procurement Specialist – Married to a registered paramedic employed by one of the bidding organisations. Not involved in the decision making process.	Board Full commercial technical and financial evaluation based on the most economically advantageous tender



**Template Declaration of conflict of interests for bidders/contractors**

<b>Name of Organisation:</b>	
<b>Details of interests held:</b>	
<b>Type of Interest</b>	<b>Details</b>
<b>Provision of services or other work for the ICB or NHS England</b>	
<b>Provision of services or other work for any other potential bidder in respect of this project or procurement process</b>	
<b>Any other connection with the ICB or NHS England, whether personal or professional, which the public could perceive may impair or otherwise influence the ICB's or any of its members' or employees' judgements, decisions or actions</b>	

<b>Name of Relevant Person</b>	<i>[complete for all Relevant Persons]</i>	
<b>Details of interests held:</b>		
<b>Type of Interest</b>	<b>Details</b>	<b>Personal interest or that of a family member, close friend or other acquaintance?</b>
<b>Provision of services or other work for the ICB's or NHS England</b>		
<b>Provision of services or other work for any other potential bidder in respect of this project or procurement process</b>		
<b>Any other connection with the ICB's or NHS England, whether personal or professional, which the public could perceive may impair or otherwise influence the ICB's or any of its members' or employees' judgements, decisions or actions</b>		

To the best of my knowledge and belief, the above information is complete and correct. I undertake to update as necessary the information.

**Signed:**

**On behalf of:**

**Date:**

## Appendix 12

## NHSE Best Practice – Conflicts of Interests Call to Action

## Work undertaken in response to the 8 Improvement Areas

NHS England Col Best Practice Update	Lead	Best practice	Action undertaken
1. Procurement decisions and contract monitoring processes		Conflicts of Interest management is needed where a third party organisation leads the bidding process.	Procurement has processes in place to manage conflicts of interests by bidders including the management of Col of those representatives on individual procurement project groups.
		Discussions around conflicts of interests take place when procurement specifications are produced etc.	The Head of Procurement ensures that the individual procurement project groups declare their interests and these are actively managed. Also bidders are required to declare any interests.
		Conflicts of Interests are a standing item on procurement / contract meetings.	This is already in place
		The ICB should take conflicts of interest into consideration prior to the approval of single tender waiver	There are procurement processes in place with regard to managing Col for all aspects of procurement including quotes and STW. Procurement documentation contains up-to-date COI statements and templates for bidder completion / return
2. Completeness of registers of interests, gifts and hospitality		Completeness of Register of Interests, Gifts and Hospitality	Registers are updated as gifts and hospitality is declared and they are published on the ICB's website in March and September each year and more often if required. The procedures for declaring interests has been changed to ensure that all staff declare their

			interests by 28 February each year. See appendix 13 for more details.
3. Governance structures for managing conflicts of Interests		Governance Structures should operate in a manner consistent with the statutory principles identified in the statutory guidance. The ICB's Constitution needs to reflect current arrangements.	Standards of Business Conduct policy; guidance and forms available; the ICB Constitution and this policy is aligned.
4. Managing conflicts when making joint decisions with other partners e.g. other ICB's or Local Authorities		Board, committees, and groups	There is a standing item of declaring conflicts of interests in CPGs, ICB Board and committees, board and groups. A point of good practice is to include the Register of Interest in the Board papers
		Standing Agenda item declaring conflicts of interests	At each and every formal meeting undertaken by the ICB there is a standing item 'Declarations of Interests' and minutes record if there are any interests declared and how they have been handled.
5. Conflicts of Interests Training		Targeted staff need to complete training on an annual basis	There is a training programme for all staff see training requirements in appendix 14 Standards of Business Conduct Policy. As part of the Corporate Induction held on a quarterly basis conflicts of interests is covered as well as the ICB's policy on accepting gifts and hospitality.
6. Accepting Gifts, Hospitality and Sponsorship		Prior approval is required for gifts, hospitality and sponsorship worth more than £75.00 within 28 days.	ICB has good guidance on accepting gifts and hospitality. Where issues are raised they are discussed with Col Guardian for final decision. Further communication will be sent out to staff about ensuring that gift / hospitality declared within 28 days of the interest arising.
7. Management of conflicts of interests at meetings		Management of Col in meetings Chairs and secretariat for all committee meetings need access to the role specific guide for admin staff	GB and other committee members are asked to leave meetings if it is deemed advisable by the Chair. Committee chairs have been sent the Col Checklist which is also appended to the Standards of Business Conduct Policy. The role specific guide for admin staff

		and to remind chairs of their role in managing conflicts of interests	has been sent to admin /sec staff to be backed up with face to face training on Col throughout the year also through corporate induction for new staff and e-learning on Col. The guide is available on the intranet as well.
8. Appointments to and changes to roles and responsibilities within decision making bodies		Appointment process for those individuals appointed to GB roles. Conflicts of Interests need to be declared prior to appointment whether a new appointment or a change in roles	See recruitment process for Board members and search on Companies House / Land Registry (Counter Fraud request) / Fit and Proper Person Test etc. Procedures are in place for ConsultHR to send out the Staff Handbook and Col form but they will not collect the form and record it; the Governance Team is therefore responsible for following up new starters and obtaining their form from their line manager.

## Appendix 13

### Declaring interests

#### *The following process is followed in declaring interests.*

All ICB staff are expected to complete a declaration of interests on appointment using an online platform called Civica Declare. The Commissioning Support Unit's Recruitment Team will inform new starters that it is their responsibility to declare interests.

A statement on conflicts of interests is included in the ICB staff employment contracts. The CSU is responsible for producing an employment contract for each member of staff and sending a copy to them. The CSU sends a list of starters each month to the Governance Team. The Governance Team create an online declaration of interest account for each starter.

The CSU also sends a monthly list of leavers to the Governance Team. A starter and their line manager can also directly contact the Governance Team to confirm the registration. Bank staff are assisted by their line managers to directly register with the Governance Team. When a bank staff leaves, their line manager must inform the Governance Team. Upon registration, starters will receive emails requesting them to declare, and giving them access to the online platform. Line managers must help the starters to be familiar themselves with the declarations of interest policy which can be found in the Handbook. Support can also be sought from the Governance Team.

At the end of the day on 31<sup>st</sup> March of each year, all declared interests expire. The online conflict of interest management system (Civica) sends reminders in advance. Members of the Board, all staff and any other person are required to declare interests on 1<sup>st</sup> April each year whether or not their interests have changed. Those with no interests must declare that they have no interests to declare. Civica makes provision for those whose interests have not changed to confirm that there is no change in their interests. Those who do not declare on time will get daily reminders.

The Governance Team create a register of interest. The register of interests contains details that relate to all staff; however the publishable register will only include those staff members who are in Band 8A and above. The rationale is that staff in these grades relate to senior managers and have a greater role in decision making.

The Governance Team will check names of Board members against the details contained at Companies House with regard to directorships and shares within companies. In addition checks will be made with regard to Fit and Proper Person Tests, Bankruptcy or Debt Relief Restrictions.

The registers of interests will be uploaded onto the ICB website.. The ICB shall retain registers for up to six years in accordance with this policy; thereafter the register will no longer be retained.

#### Summary of process

- CSU Human Resource provides the Governance Team with the Electronic Staff Register (this includes Board members) at the beginning of each month. The Register is uploaded on Civica platform
- CSU provides a list of Leavers and Starters at the beginning of each month
- An account will be created on Civica platform for each new staff or Board member
- The new staff will receive an email providing a link and guidance on how to make a declaration
- The new staff must log into Civica and declare. Civica also provides further guidance on its platform
- The login details and link to Civica can also be found on the intranet. See the relevant intranet link: <https://ccqlive.glos.nhs.uk/intranet/index.php/component/k2/item/2652-declarationinterest> and complete your interests
- New staff members need to declare their interest within 28 days of starting with the organisation. If, within a period not exceeding three weeks, new staff do not receive emails requesting them to declare, they and their line manager must contact the Governance Team for assistance
- Everyone in the organisation is required to declare. If staff have nothing to declare they must still complete the process and declare that they have no interests.
- All declared positions expire at the end of 31<sup>st</sup> day of year. Everyone is required to declare interests on the 1<sup>st</sup> of April each year
- If one's circumstances change within the year the affected staff must login and update their declared position on Civica
- Staff who receive offers of gifts or hospitality must promptly seek clearance from their line managers and advice from the Governance Team. If they exceed a period of 28 days without doing so they will be in breach
- Those who do not declare interests in time will receive daily reminders through emails
- The Governance Team will create registers showing declared interests.

The weblink for Civica is <https://gloucestershireccg.mydeclarations.co.uk/home>

Governance Team contact details:

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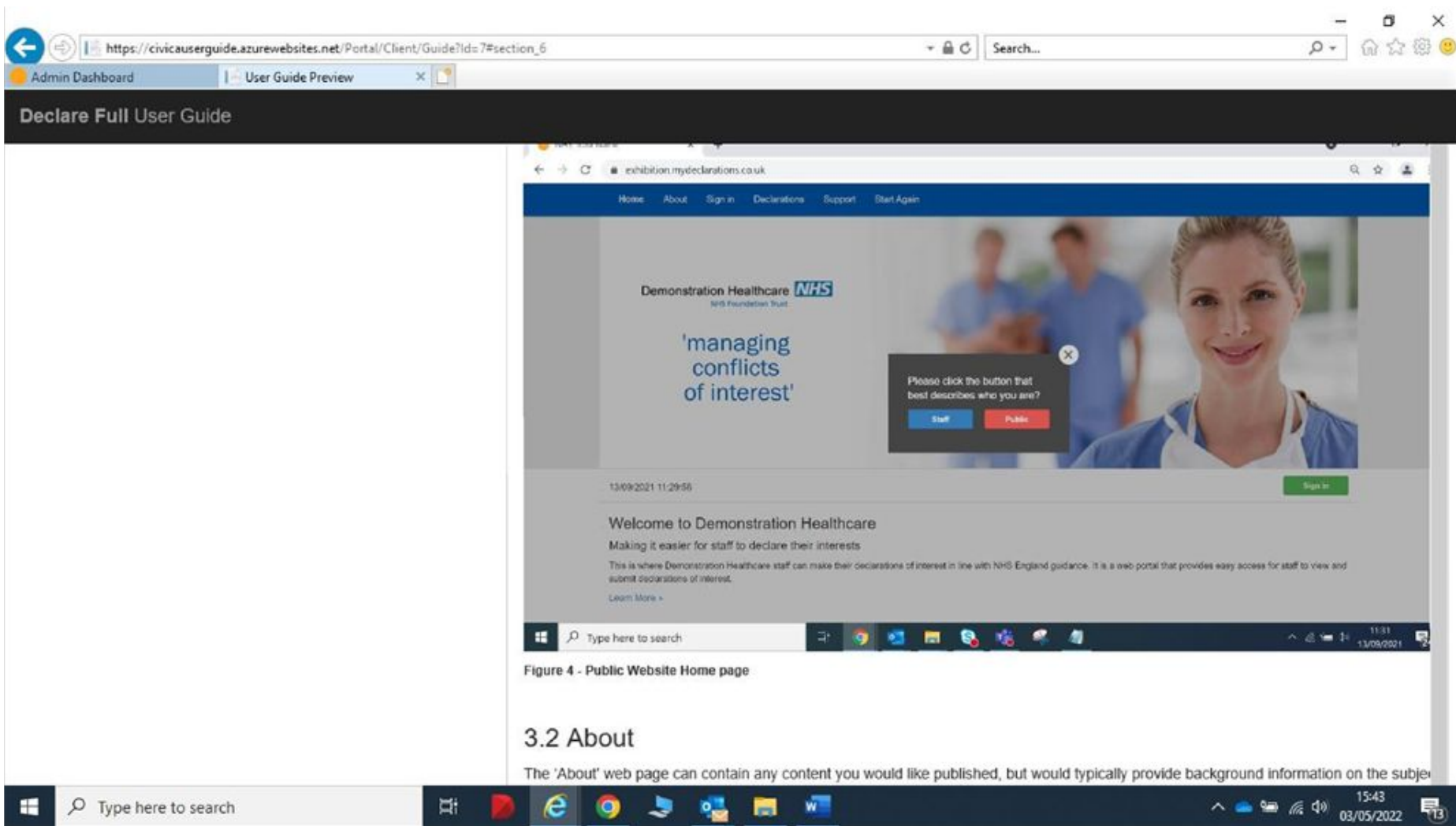


Figure 4 - Public Website Home page

### 3.2 About

The 'About' web page can contain any content you would like published, but would typically provide background information on the subject

## Appendix 14

### Training Requirements

All staff are expected to complete training in conflicts of interests delivered via e-learning and through face to face opportunities.

All new staff should attend the Corporate Induction which includes a Governance Session covering conflicts of interests.

The conflicts of interests e-learning runs from 1 February to 31 January each year. Staff are required to complete the training in year. If you complete in January for the year ahead it will not register as being completed. Therefore it is best to complete training in the February each year to allow for a full one year before it needs to be repeated.

### Training

All staff should have completed NHS England's Module One in Conflicts of Interests

All staff graded 8A and above must have completed NHS England's Module One and Module Two in Conflicts of Interests.

All sub-committee chairs of the Board and the Board chair to complete Module three on Conflicts of Interests e-learning.

**Module 3** provides advice on how chairs should manage conflicts of interest; an overview of the safeguards that should be applied in Primary Care & Direct Commissioning Committees; and how to identify and manage breaches of conflicts of interest rules, through a series of practical scenarios.

Each training module ends with a short assessment – individuals will need to achieve 80% in the assessment to pass each module.

Log onto the ConsultOD portal

<https://www.consultod.co.uk/login/index.php>

***NB. For those members of staff who are not in bands 8A and above but are working in governance or procurement roles modules 1 and 2***

***should be completed.***

During the year there will be opportunities to attend face to face training in Conflicts of Interests including:

- Corporate induction
- Directorate meetings
- Team meetings
- Lunch and Learn sessions
- Dedicated training in conflicts of interests on request.

The Governance Team arranges face to face training with the respective team / directorate administrators.

## Contact Details

### **Conflicts of Interests Guardian**

Julie Soutter  
Non-Executive Director  
Email: [Julie.soutter@nhs.net](mailto:Julie.soutter@nhs.net)

### **Freedom to Speak up Guardians**

Rob Mauler, Senior Manager, Quality and Commissioning  
Lauren Peachey, Governance Manager, Governance Team  
A confidential mailbox operates for Freedom to Speak Up concerns: [glccg.freedomtospeakup@nhs.net](mailto:glccg.freedomtospeakup@nhs.net)

### **Governance Team**

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## Counter Fraud, Bribery and Corruption Policy

<b>VERSION</b>	
<b>POLICY NO</b>	
<b>AUTHOR</b>	GNHSCFS
<b>SPONSOR</b>	Chief Finance Officer
<b>APPROVED BY</b>	Board of the ICB
<b>APPROVAL DATE</b>	TBC – 01 July 2022
<b>REVIEW DATE</b>	30 June 2025

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*This document may be made available to the public and persons outside of the ICB as part of the ICB's compliance with the Freedom of Information Act 2000.*

## 1 PART 1

### SUMMARY

The NHS Gloucestershire Integrated Care Board (ICB) does not tolerate fraud, bribery or corruption and encourages all genuine suspicions of such activity to be reported to the Local Counter Fraud Specialists (LCFS) within Gloucestershire NHS Local Counter Fraud Service (GNHSCFS) or to The NHS Counter Fraud Authority (NHS CFA) via either the free phone NHS Fraud and Corruption Reporting Line (FCRL) or on-line reporting form.

Fraud is defined (<https://cfa.nhs.uk/about-nhscfa/corporate-publications>) as a dishonest act (or failure to act) made with the intention of making a financial gain or causing a financial loss.

Bribery involves offering, promising, or giving a payment or benefit to influence others to use their position in an improper way to gain an advantage.

Corruption is defined as the abuse of entrusted power for private gain.

The Chief Executive Officer has overall responsibility for funds entrusted to the ICB.

The Chief Finance Officer has responsibility for ensuring a counter fraud provision is in place.

All allegations of fraud, bribery and corruption will be investigated by a LCFS appointed by the ICB.

All staff have a duty to protect the assets of the ICB and to ensure public funds are safeguarded. They have a right and duty to report to the GNHSCFS or NHS CFA any matter relating to fraud, bribery and/or corruption which they consider to be damaging to the interests of service users, members of the public or other members of staff.

The ICB's zero tolerance approach to fraud, bribery and corruption is set out across a range of other ICB policies and procedural documentation. This applies to all colleagues and non-executives, together with contractors and agents working or acting on behalf of the ICB.

Gloucestershire NHS Counter Fraud Service (GNHSCFS) is responsible for the full range of counter fraud activity to drive down the risk of fraud within three strands all within the overarching anti-fraud culture:

- informing and involving the organisation in acknowledging the risks;
- implementing preventative controls;
- pursuing offenders if fraud occurs,.

This is aligned with the Government Counter Fraud Functional Standards as produced by the Cabinet Office and the NHS Counter Fraud Authority three-year strategy, 2020 to 2023, to reduce NHS fraud.

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## **PART 2**

### **1 INTRODUCTION**

One of the basic principles of public sector organisations is the correct and appropriate use of public funds. The ICB does not tolerate fraud, bribery or corruption and is committed to reducing such activity to an absolute minimum, keeping it at that level and freeing up public resources for better patient care.

The ICB is also committed to applying the highest standards of ethical conduct, following good NHS business practice, and having robust controls in place to prevent fraud, bribery and corruption. The ICB expects all organisations, partners and suppliers doing business with us to have a comparable commitment and this enables us to reassure our service users, members and stakeholders that public funds are safeguarded. Under no circumstances is committing fraud, corruption, or the giving, offering, receiving or soliciting of a bribe acceptable and the ICB will not tolerate this in any form.

### **2 PURPOSE**

This document aims to:

- 2.1 Improve knowledge and understanding concerning both the identification and reduction of fraud, bribery and corruption;
- 2.2 Assist in promoting a culture of openness and an environment where staff feel able to raise concerns or report potential risks that may make the ICB susceptible to fraud, bribery or corruption and provide direction in how to raise and report such issues;
- 2.3 Set out the responsibilities of key staff;
- 2.4 Set out the ICB's approach in relation to preventing, detecting and investigating allegations of fraud, bribery and corruption;
- 2.5 Set out the ICB's intentions regarding the application of appropriate sanctions and the seeking of redress against anyone found to have committed fraud, bribery or corruption.

### **3 SCOPE OF THE POLICY**

- 3.1 This policy applies to all employees of the ICB, regardless of position held, as well as service users, consultants, vendors, contractors, and/or any other parties who have a business relationship with the ICB. Bribery and corruption under the Bribery Act 2010 are punishable for individuals as a criminal offence by up to 10 years imprisonment and the organisation could face an unlimited fine and face incalculable damage to our reputation. The ICB therefore takes its legal responsibilities in relation to bribery very seriously.



- 3.2 The policy will be brought to the attention of all employees and form part of the induction process for new staff.
- 3.3 This policy will not detail precise prevention mechanisms however advice can be sought from GNHSCFS should such advice be needed.

## **4 DUTIES**

### **4.1 Chief Executive (CEO)**

- 4.1.1 The Chief Executive Officer has the overall responsibility for funds entrusted to the ICB.
- 4.1.2 The CEO must ensure adequate policies and procedures are in place to protect the ICB and the public funds entrusted to it from instances of fraud, bribery and corruption.

### **4.2 The Board of the ICB (Board)**

- 4.2.1 The Board should take overall responsibility for the effective design, implementation and operation of the anti-bribery and corruption initiatives. The Board should ensure that senior management is aware of and accepts the initiatives, and that they are embedded in the corporate culture. The Governance of these responsibilities will be via the Audit Committee.
- 4.2.2 The Board will facilitate and co-operate with its LCFS and NHS CFA giving them prompt access to ICB staff, workplaces and relevant documentation in relation to:
- Investigating alleged cases of fraud or corruption.
  - Fraud Measurement.
  - National or Local Proactive Exercises.
  - Fraud Prevention Reviews / Instructions.
  - Reporting arrangements.
  - Publicity.

### **4.3 Chief Finance Officer (CFO)**

- 4.3.1 The Chief Finance Officer is responsible for ensuring that an adequate counter fraud provision is in place.
- 4.3.2 All anti-fraud, bribery and corruption work within the ICB is directed by the Chief Finance Officer. The Chief Finance Officer shall be responsible for operational matters such as authorising the investigation of alleged fraud, interviews under caution and the recovery or write-off of any sums lost to fraud.
- 4.3.3 The CFO will consider when to inform the CEO of active investigations. This

may be particularly appropriate in cases where the potential loss is significant or where the incident may lead to adverse publicity.

- 4.3.4 A decision on whether to refer the matter to the Police (or another agency), seek Police assistance or to commence criminal proceedings will be made with the agreement of the CFO and the LCFS.

#### 4.4 Internal and External Auditors

- 4.4.1 External Audit and the ICB's Internal Auditors will report to the LCFS any systems weaknesses detected in the course of their work that may allow fraud to take place.

- 4.4.2 Internal and External Auditors will inform the LCFS of any instances of potential or suspected fraudulent activity identified during the course of their work or from other sources.

#### 4.5 Human Resources (HR)

- 4.5.1 The ICB is supported by the Commissioning Support Unit (CSU) for Human Resources (HR) functions. With the support of ConsultHR, the ICB and the LCFS will liaise closely to ensure that any parallel sanctions (i.e., criminal, civil and disciplinary sanctions) are applied effectively and in a coordinated manner.

- 4.5.2 The ICB managers remain responsible for ensuring the appropriate use of the organisation's HR policies and procedures by staff, including disciplinary, sickness absence etc., with the support of ConsultHR.

#### 4.6 Local Counter Fraud Specialist (LCFS)

- 4.6.1 The LCFS represents the ICB when dealing with fraud matters and all work will be undertaken in accordance with the NHS CFA Counter Fraud Manual and all relevant legislation. The LCFS will conduct risk assessment activity so that the ICB's annual counter fraud action plan includes all necessary work in accordance with national standards to ensure appropriate anti-fraud, bribery and corruption arrangements are in place.

- 4.6.2 The LCFS will develop and deliver a comprehensive risk based anti-fraud work plan in compliance with all relevant standards for fraud, bribery and corruption. The anti-fraud work plan will address the following four areas:

- **Strategic Governance** – Work relating to the organisation's strategic governance arrangements. The aim is to ensure that anti-crime measures are embedded at all levels across the organisation.
- **Inform and Involve** – Work in relation to raising awareness of fraud, bribery and corruption risks against the NHS and working with NHS staff, stakeholders and the public to highlight the risks and consequences of such crime against the NHS.

- **Prevent and Deter** – Work to discourage individuals who may be tempted to commit crimes against the NHS and ensuring opportunities for crime to occur are minimised.
  - **Hold to Account** - Work to detect and investigate crime, prosecuting those who have committed crimes and seeking redress.
- 4.6.3 The LCFS will work with key colleagues and stakeholders to promote anti-fraud work, apply effective preventative measures and investigate and seek redress in all allegations of fraud, bribery and corruption.
- 4.6.4 The LCFS has responsibility for undertaking fraud investigations but will seek the authority of the CFO before commencing an investigation.
- 4.6.5 Unless the CFO is implicated in an investigation, the LCFS will ensure that the CFO is informed about and kept updated on progress in all counter fraud activity.
- 4.6.6 In the event of an allegation involving the CFO or LCFS, all communication will be via the CEO and Chair of Audit Committee, alternatively, concerns should be reported directly to the FCRL (See appendix 1).
- 4.6.7 In the event of an allegation against the CFO and CEO, all communication will be via the ICB Chair, Chair of Audit Committee and NHS CFA.
- 4.6.8 In the event of an allegation against the CFO, CEO and ICB Chair, all communication will be via NHS CFA.
- 4.6.9 The LCFS will log and update each referral on FIRST (the NHS CFA case management system), investigate all allegations in a professional and ethical manner, and report to the CFO, NHS CFA, Internal and External Auditors details of systems weaknesses which have allowed fraud to occur.
- 4.6.10 The LCFS will seek to recover assets lost as a result of fraud and apply for investigation costs when investigations are heard in court.
- 4.6.11 The LCFS will ensure that the nominated HR contact (Associate Director of Corporate Affairs / CSU HR Business Partner) are kept apprised of all cases involving a member of staff and, under such circumstances, will involve the HR contact in agreements and decisions made.
- 4.6.12 The LCFS will be entitled to attend any Audit Committee meeting and have a right of access to all Audit Committee members and to the ICB Chair and CEO of the ICB. The LCFS will provide formal written progress reports to the Audit Committee on all counter fraud activity undertaken within the ICB at least annually.
- 4.6.13 The LCFS will undertake local and national proactive exercises to determine whether the ICB has been subject to fraud and report to the CFO, NHS CFA

Internal and External Auditors details of systems weaknesses identified during these exercises which have fraud-related implications or have identified system weakness.

4.6.14 The LCFS will proactively seek and report opportunities where counter fraud work (prevention, detection, investigation, sanction or redress) can be used within presentations or publicity to deter fraud and corruption.

4.6.15 The LCFS will not have responsibility for or be in any way engaged in the management of security.

#### 4.7 Fraud Champion

4.7.1 The Fraud Champion is a person identified and nominated by the organisation to be another point of contact for staff wishing to discuss any concerns relating to fraud, bribery or corruption.

4.7.2 The Fraud Champion has no responsibility for investigation of concerns or allegations and should report all such to the LCFS.

#### 4.8 Managers

4.8.1 Line managers at all levels have a responsibility to ensure that an adequate system of internal control exists within their areas of responsibility and that controls operate effectively, are adhered to and kept under constant review. The responsibility for the prevention and detection of fraud and corruption therefore primarily rests with managers but requires the co-operation of all employees.

4.8.2 Managers are responsible for establishing an anti-fraud, bribery and corruption culture within their team and ensuring that information on procedures is made available to all their staff. The LCFS will proactively assist the encouragement of an anti-fraud culture by undertaking work that will raise fraud awareness.

4.8.3 Managers must take all allegations of fraud, bribery and corruption seriously but must not conduct any investigation into the allegation themselves. While some employees may raise concerns with their manager, managers must not attempt to investigate the allegation themselves. All instances of suspected or actual fraud, bribery or corruption must be reported to the LCFS immediately.

4.8.4 As part of their responsibility, line managers need to:

- Take steps at the recruitment stage to establish, as far as possible, the previous record of potential employees, as well as the bona fides of required qualifications and memberships of professional bodies. In this regard, temporary and fixed-term contract employees will be treated in the same manner as permanent employees.

- Inform staff of the NHS Standards of Business Conduct Policy, with particular attention to the Declarations of Interest Section and Counter Fraud, Bribery and Corruption Policy as part of their induction process, paying particular attention to the need for accurate completion of personal records and forms.
- Ensure that all employees for whom they are accountable are made aware of the requirements of the policy
- Assess the types of risk involved in the operations for which they are responsible.
- Ensure that adequate control measures are put in place to minimise the risks. This must include clear roles and responsibilities and may include supervisory checks, staff rotation, separation of duties wherever possible so that a key function is not controlled by one individual, and regular reviews, reconciliations and test checks to ensure that control measures continue to operate effectively.
- Ensure that any use of computers by employees is linked to the performance of their duties within the organisation. Staff should refer and adhere to IT policies and procedures.

4.8.5 Managers who require any advice or guidance can contact the LCFS.

#### 4.9 All Staff

4.9.1 All staff have a duty to protect the assets of the ICB. Assets include buildings, equipment, vehicles, monies, information and goodwill. All employees have a duty to ensure that public funds are safeguarded, whether or not they are involved with cash or payment systems, receipts or dealing with contractors or suppliers.

4.9.2 All staff are required to adhere to all ICB policies and procedures.

4.9.3 Employees are also expected to act in accordance with the standards laid down by their professional bodies where applicable.

4.9.4 Employees have a responsibility to comply with all applicable laws and regulations relating to ethical business behaviour, procurement, personal expenses, conflicts of interest, confidentiality and the acceptance of gifts and hospitality. This means, in addition to maintaining the normal standards of personal honesty and integrity, all employees should always:

- Avoid acting in any way that might cause others to allege or suspect them of dishonesty.
- Behave in a way that would not give cause for others to doubt that the ICB's employees deal fairly and impartially with official matters.
- Be alert to the possibility that others might be attempting to deceive.
- Be familiar with the ICBs policies relating to Standards of Business Conduct covering conflicts of interests, hospitality and gifts.

- 4.9.5 The success of the ICB's anti-bribery measures depends on all colleagues, and those acting for the ICB, playing their part in helping to detect and eradicate bribery. Therefore, all colleagues and others acting for, or on behalf of the ICB are encouraged to report any suspected bribery.
- 4.9.6 All staff employed within the ICB have a right and a duty to bring to their manager's attention any matter which they consider to be damaging to the interests of service users, members of the public or other staff. However, where these concerns relate to potential fraud, corruption or bribery, the report should be made to the LCFS, the CFO or the FCRL (see Appendix 1). It is not usually possible for informants to be made aware of the outcome of any investigation unless the matter is progressed criminally, in which case the proceedings will be in the public domain.
- 4.9.7 These arrangements do not replace organisation procedures for handling complaints, grievances, incident reporting or matters reported through the Whistleblowing (Public Interest Disclosure Act) Policy.

## **5 PROCESS DESCRIPTION**

- 5.1 The ICB is fully committed to the public service values of accountability, probity and openness and recognises the need to actively reduce the risk of fraud, bribery and corruption.
- 5.2 One of the basic principles of public sector organisations is the correct and appropriate use of public funds. The ICB does not tolerate fraud, bribery or corruption and is committed to reducing such activity to an absolute minimum, keeping it at that level and freeing up public resources for better patient care.
- 5.3 In order to meet statutory requirements, comply with the four areas of NHS CFA strategy (Lead and influence, Reduce fraud loss, Support and empower our people and Effective use of our resources) and good practice guidance with regard to prevention, detection, investigation, application of sanctions and seeking redress against fraudsters, we use the services of GNHSCFS, play a full part in an integrated national programme of action to combat fraud, bribery and corruption in the NHS and build on existing responsibilities locally.
- 5.4 The Board encourages anyone having reasonable suspicions of fraud, bribery or corruption to report them and it is the ICB's policy that no employee will suffer in any way as a result of reporting such suspicions.
- 5.5 All genuine suspicions of fraud, bribery and corruption can be reported to the LCFS or through the free phone FCRL or via the NHS CFA on-line reporting form. See Appendix 1.
- 5.6 We will seek to ensure investigations are undertaken in the most effective manner in accordance with the current guidelines and instruction from NHS

CFA and current appropriate legislation.

- 5.7 The outcome of any investigation may result in criminal, disciplinary or professional / regulatory body sanction (or a combination) being applied. The ICB will seek to ensure that the most appropriate sanction or combination of sanctions is sought where fraud, bribery or corruption or related misconduct is identified. Deciding on which sanction(s) are applied will be dependent on the findings of the investigation undertaken and the extent of any losses to the ICB.
- 5.8 In accordance with the NHS CFA counter fraud manual specifically pursuing sanctions where there is evidence of fraud, bribery and corruption, the LCFS and HR may consider sharing information where lawful and at the appropriate time. The NHS CFA counter fraud manual outlines the responsibilities of specific individuals and specific interaction points during parallel investigations. Support and oversight is provided by the CFO and senior management as required to ensure this is implemented effectively.

## 6 Sanctions

6.1 Sanctions may include (summary):

- **Criminal Prosecution** – The LCFS will work in partnership with NHS CFA, the Police and/or the Crown Prosecution Service (CPS) to bring a case to court against the alleged offender.
- **Disciplinary** – Disciplinary procedures will be initiated where an employee is suspected of being involved in a fraudulent/illegal act. Fraud is defined in the ICB as gross misconduct. The disciplinary policy can be found on the organisation's intranet site.
- **Civil proceedings** – Civil sanctions will be applied against those who commit fraud, bribery and corruption to recover money and/or assets which have been fraudulently obtained, including interest and costs. All financial recoveries will be undertaken in conjunction with NHS Shared Business Services.
- **Professional body disciplinary** – If the organisation is aware during the course of an investigation that a Healthcare Professional is involved in fraud, bribery or corruption, there is a risk to patient safety or there is a significant risk to public funds a referral to the appropriate regulatory body will be made to consider whether fitness to practice procedures should be invoked.

### 6.2 Criminal Sanctions

- 6.2.1 A criminal investigation seeks to establish the facts in relation to a suspected criminal offence. Investigators are bound by rules of evidence, including the Criminal Procedure and Investigations Act 1996 (CPIA) and the Police and

Criminal Evidence Act 1984 (PACE) and Codes of Practice. Guilt in a criminal prosecution must be proved 'beyond reasonable doubt'.

- 6.2.2 All criminal investigations will be conducted in line with the relevant criminal legislation, and where appropriate advice from the Police and CPS
- 6.2.3 Where there is evidence of a criminal offence having been committed, the LCFS, in conjunction with the CFO, will make an assessment of the evidence available and the seriousness of the offence(s), and when appropriate refer the case to the CPS for advice
- 6.2.4 The CPS will make charging decisions in respect of all cases referred to it in accordance with the Code for Crown Prosecutors
- 6.2.5 The CPS will prosecute any matters on behalf of the ICB, and seek the most appropriate sanction from the Courts
- 6.2.6 For low level frauds admitted at interview and in accordance with Memorandum of Understanding between GNHSCFS and Gloucestershire Constabulary, suitable cases may be referred to the Police for consideration as to whether a formal caution (or equivalent) is appropriate

### 6.3 Disciplinary Sanctions

- 6.3.1 The purpose of a disciplinary investigation is to establish the facts of the case, i.e. to ascertain whether there is a reasonable belief 'on the balance of probability' that the alleged misconduct has occurred; whether the employee has any explanation for the alleged misconduct; and whether there are any special circumstances to be taken into account. Disciplinary investigations and ensuing proceedings must adhere to the Advisory, Conciliation and Arbitration Services (ACAS) Code of Practice on Disciplinary and Grievance Procedures, as well as any local HR policies. It is not unusual for the criminal and disciplinary processes to overlap. For example, an employee who is being investigated for suspected fraud may also be the subject of disciplinary proceedings by their employer arising out of the same set of circumstances
- 6.3.2 All Disciplinary Investigations will be conducted in line with the ICB's Disciplinary Policy, in consultation with the CFO and LCFS
- 6.3.3 When disciplinary proceedings are brought against colleagues, if appropriate, sanctions will be applied as set out in the ICB's Disciplinary Policy

### 6.4 Regulatory / Professional Body Sanctions

- 6.4.1 When the subject of any investigation (criminal or disciplinary) is a member



of a regulatory or professional body the ICB will consider if it is appropriate to also notify their regulatory / professional body of the matter

6.4.2 When appropriate the ICB will provide the required information to support the regulatory / professional body so that they can conduct their own investigation. The ICB will adhere to data protection legislation when sharing information

6.4.3 In addition, the ICB may also report any investigation / proceedings (criminal, civil or disciplinary) to the NHS England concerning any doctor, dentist, pharmacist or optician, where it is necessary for the protection of a member of the public, or is otherwise in the public interest

## 6.5 Seeking Redress and Debt Recovery

6.5.1 In addition to any criminal, civil or disciplinary sanction applied, it is the ICB's policy to seek to recover any and all assets lost to criminal activity and wrongdoing in relation to fraud, bribery and corruption from the perpetrator(s). This may include, but is not restricted to:

- Action in accordance with the Proceeds of Crime Act 2002, including Restraint and Confiscation Orders,
- Action in the civil court,
- Voluntary repayments,
- Application for investigation and legal costs of any prosecution.
- Where an employee is the perpetrator:
  - recovery from NHS pension,
  - deductions from salary,
  - withholding from final salary payment.

6.5.2 Before undertaking any of the voluntary recovery options above, the LCFS, ICB and Finance Department or Payroll will obtain a written agreement from the individual agreeing the terms of the recovery method and the period for the repayment to be made. All financial recoveries will be undertaken in accordance with NHS Share Business Services recovery protocols

6.5.3 For external bodies or contractors, recovery will be affected by formal written agreement. An invoice will be issued and repayment plan agreed

6.5.4 If formal recovery proceedings are deemed to be necessary, the following points will be considered:

- Value of provable loss,
- The known value of any assets of the individual(s) or organisations from which recovery would be sought, including any NHS pension scheme membership,

- The likelihood of successful recovery action,
- The likely costs of recovery action, especially if any claim is disputed by the subject(s) of the claim, and a civil action is necessary to obtain a court judgement against the relevant subject(s),
- The deterrent effect of successful recovery actions.

## **7 Information Management and Technology**

7.1.1 The Computer Misuse Act became law in 1990; the Act identifies three specific offences:

- Unauthorised access to computer material.
- Unauthorised access with intent to commit or facilitate commission of further offences.
- Unauthorised acts with intent to impair, or with recklessness as to impairing, operation of computer, etc.

7.1.2 Unauthorised access to computer material could include using another person's identifier (ID) and password without proper authority in order to use data or a program, or to alter, delete, copy or move a program or data

7.1.3 Unauthorised access with intent to commit or facilitate commission of further offences could include gaining unauthorised access to financial or administrative records with intent

7.1.4 Unauthorised acts with intent to impair, or with recklessness as to impairing the operation of computer, could include: destroying another user's files; modifying system files; creation of a virus; changing clinical records; and deliberately generating information to cause a complete system malfunction

7.1.5 The fraudulent use of information technology will be reported by the CFO

## PART 3 – Explanatory information

### 8 DEFINITIONS

#### 8.1 Fraud

8.1.1 Fraud is defined as a dishonest act (or a failure to act) made with the intention of making a financial gain or causing a financial loss (or risk of loss). The dishonest act does not need to be successful for fraud to be committed, as long as the intention exists. Neither does the financial gain have to be personal, but can be for the benefit of another. Where the intent is to cause a loss to the organisation, no gain by the perpetrator needs to be shown

8.2 The Fraud Act identifies the following offences

- S2: Fraud by false representation (lying about something using any means, e.g. by words or actions);
- S3: Fraud by failing to disclose information (not saying something when you have a legal duty to do so);
- S4: Fraud by abuse of position (abusing a position where there is an expectation to safeguard the financial interests of another person or organisation);
- S6: Processing, making and supplying articles intended for use in fraud (applies anywhere and includes any article found, e.g. electronic data, documents etc.)
- S7: Making or supplying articles for use in fraud (must know or intend the article to be used to commit or facilitate fraud)
- S11: Obtaining services dishonestly.

#### 8.3 Bribery and Corruption

8.3.1 Bribery and corruption involves offering, promising or giving a payment of benefit in kind in order to influence others to use their position in an improper way to gain an advantage

8.3.2 The Bribery Act 2010 created a number of criminal offences and those most applicable to the NHS and this policy are:

- **Offence of bribing another person** - is defined by section 1 of the Act. It is also an offence for a person to offer, promise, or give a bribe to another person as an inducement for them improperly performing any duty. For example, providing excess hospitality to a potential purchaser/commissioner of the ICB's services.

- **Offence of being bribed** - is defined by section 2 of the Act. It is an offence for a person to request, or agree to receive, or accept a financial or other advantage as an inducement to, or as a reward for, the improper performance of any function or activity. For example, where an employee who sells confidential information to a third party or provides preferential treatment to suppliers or service users for a fee.
- **Failure of a commercial organisation to prevent bribery** – is defined within section 7 of the Act. If an individual bribes another person to obtain or retain business, or an advantage in the conduct of business for an organisation, then that organisation may also be guilty of an offence. For example, if an organisation fails to put adequate controls in place to prevent bribery and an employee offers a bribe.

8.3.3 Corruption is defined as the abuse of entrusted power for private gain, for example someone making a decision that benefits themselves rather than the organisation or its service users.

8.3.4 The NHS CFA have the authority to lead on bribery and corruption investigations

8.3.5 The organisation acknowledges the corporate offence enshrined in the Bribery Act for organisations who fail to prevent bribery or do not have robust and effective preventative procedures in place. Consequently, a number of measures which include, but are not limited to a robust Standards of Business Conduct Policy, which includes a declaration of Interest Section (*Conflicts of Interest policy*) and Standing Financial Instructions

## 9 PROCESS FOR MONITORING COMPLIANCE

9.1 The effectiveness of this policy will be reviewed via the Audit Committee who, at each meeting, will receive reports from the LCFS on counter fraud, bribery and corruption activity within the ICB.

9.2 The Counter Fraud Service will also monitor compliance through their annual staff survey.

## 10 TRAINING

10.1 Training related to the Counter Fraud Policy will form part of the ICB's corporate induction training.

10.2 The LCFS will conduct an on-going series of mandatory fraud awareness presentations to staff groups to raise awareness of the policy requirements.

10.3 A mandatory e-learning counter fraud awareness training package is available to staff on the organisation's intranet via the ConsultOD portal <https://www.consultod.co.uk/login/index.php>

**11 REFERENCES**

Bribery Act 2010

Fraud Act 2006

Public Interest Disclosure Act 1998

Proceeds of Crime Act 2002

**12 ASSOCIATED DOCUMENTS**

Anti-Bribery and Corruption Statement

Standard of Business Conduct Policy

Whistle Blowing Policy

Disciplinary Policy

**13 APPENDICES**

Appendix 1 – Reporting Fraud, Bribery or Corruption

Appendix 2 – What happens after an allegation is received?

Appendix 3 – Practice Policy Committee Template for Equality Impact Assessment of policies and procedures

## APPENDIX 1

### REPORTING FRAUD AND OR CORRUPTION

This section is designed to be a reminder of the key “what to do” steps to be taken where fraud, bribery or corruption are discovered or suspected. Managers are encouraged to copy this to staff and to place it on staff notice boards in their department.

Staff concerned about how to raise their suspicion can receive independent and confidential advice from the FCRL, from the charity "Public Concern at Work" or from the ICB's whistle blower contact.

### DEFINITIONS

#### FRAUD

Fraud is a term used to describe a range of different offences. All offences under the Fraud Act 2006 occur where the act or omission is committed dishonestly and with intent to cause gain or loss. The gain or loss does not have to succeed, so long as the intent is there.

Fraud by false representation  
 Fraud by failing to disclose information  
 Fraud by abuse of position  
 Obtaining services dishonestly

Listed below are just a few examples of fraud that have been discovered in the NHS.

- Submitting false or forged timesheets.
- Falsifying travel and/ or expense claims.
- People working for other agencies whilst off sick within the NHS.
- Patient falsification of prescription claim forms.
- Outside agencies duplicating invoices for payment by the NHS.
- Contractors claiming payment for merchandise they have not delivered.
- The unauthorised selling of Organisation property or assets.

#### BRIBERY

Bribery is defined by the Serious Fraud Office as giving or receiving something of value to influence a transaction.

#### CORRUPTION

Corruption is defined as the abuse of entrusted power for private gain, for example someone making a decision that benefits themselves rather than the Organisation or its service users.

## WHO TO CONTACT

Any actual or suspected instance must be reported to the LCFS or the CFO immediately. Where staff have raised suspicions with a line manager or Director the latter must immediately inform the LCFS or CFO.

All reports, whether verbal or written, will be treated in confidence by trained staff and any information professionally assessed and evaluated.

Your LCFS are:

Lee Sheridan	0300 422 2726
Paul Kerrod	0300 422 2753

The CFO can be contacted on 0300 321 1934

Staff, service users, visitors or the public may also contact the NHS Fraud and Corruption Reporting Line on **0800 028 4060** or by email [www.reportnhsfraud.nhs.uk](http://www.reportnhsfraud.nhs.uk)

Staff, service users, visitors or the public may also contact the Counter Fraud email account: [ghn-tr.fraudAccountMailbox@nhs.net](mailto:ghn-tr.fraudAccountMailbox@nhs.net)

## WHEN TO CONTACT

It is essential that all employees act at the time of their concerns, as time is likely to be of the utmost importance to prevent further loss to the ICB.

However, staff must not confront any individual that they suspect. Nor should staff contact the police directly; they must contact the LCFS or CFO.

Staff should keep or copy any document that arouses their suspicions but not go looking for more.

## WARNING SIGNS

Although not “proof” in their own right, the following circumstances may provide an indication of fraud, and should therefore put both managers and staff on the alert:

- Altered documents (correcting fluid, different pen or handwriting).
- Duplicate claim forms.
- Claim form details not readily checkable.
- Changes in normal patterns, of e.g. cash takings or travel claim details.
- Text erratic or difficult to read or with details missing.
- Delay in completion or submission of claim forms.
- Lack of vouchers or receipts in support of expense claims, etc.
- Staff seemingly living beyond their means.
- Staff under constant financial or other stress.

- Staff choosing not to take annual leave (and so preventing others becoming involved in their work), especially if solely responsible for a 'risk' area.
- Complaints from public or staff.
- Always working late.
- Refusal of promotion.
- Insistence on dealing with a particular individual.



**NHS GLOUCESTERSHIRE INTEGRATED CARE BOARD**

**ACTION TO BE TAKEN IF YOU DISCOVER OR SUSPECT FRAUD OR CORRUPTION**

FRAUD	To act or attempt to act intentionally and dishonestly to deprive another for example by misrepresentation or failure to disclose information, whether or not it is successful or whether there is a personal benefit to the perpetrator.	<p>These need to be reported IMMEDIATELY. You therefore must discuss your suspicions or what you have discovered with one of the following:</p> <p>LCFS:</p> <ul style="list-style-type: none"> <li>• Lee Sheridan: 0300 422 2726</li> <li>• Paul Kerrod: 0300 422 2753</li> </ul> <p>Counter Fraud email account <a href="mailto:ghn-tr.fraudAccountMailbox@nhs.net">ghn-tr.fraudAccountMailbox@nhs.net</a></p> <p>The Chief Finance Officer on 0300 421 1934</p> <p>The Fraud Champion (Deputy CFO)</p> <p>The Fraud &amp; Corruption Reporting Line on 0800 028 40 60</p> <p>The Fraud &amp; Corruption Email account <a href="mailto:www.reportnhsfraud@nhs.uk">www.reportnhsfraud@nhs.uk</a></p>
BRIBERY	To give or receive dishonestly something of value to influence a transaction.	
CORRUPTION	The abuse of entrusted power for private gain, for example someone making a decision that benefits themselves rather than the Organisation or its service users.	

**DOs & DON'Ts FOR FRAUD, BRIBERY AND CORRUPTION**

If you are suspicious or have concerns

- DO tell someone – confidentiality will be respected.
- DO keep or copy any document that arouses your suspicions
- DO NOT confront the individual with your suspicions.
- DO NOT try to investigate your suspicions yourself.

Further information can be found in the Organisation’s Counter Fraud, Bribery and Corruption Policy or by contacting the LCFS



## APPENDIX 2

### WHAT HAPPENS AFTER AN ALLEGATION IS RECEIVED?

#### First Steps

If any employee wishes to report an allegation of fraud, bribery or corruption, they should speak to the LCFS or the CFO. If the member of staff feels unable to speak to any of these, they may speak to their Line Manager or any other senior member of staff, but that person must refer the allegation immediately to the LCFS or CFO.

The CFO will immediately refer all allegations to the LCFS.

The LCFS will alert the CFO of all allegations as they are received.

The LCFS will inform the HR Directorate of all allegations where the subject is a member of staff. LCFS and HR will continue to liaise in accordance with the protocol for liaison between the GNHSCFS and HR.

The LCFS will refer to NHS CFA any case meeting the criteria for referral.

The LCFS will convene an initial investigation scoping meeting as soon as reasonably practicable to include:

- The Local Counter Fraud Specialist
- Human Resource representative and Service Manager

#### Scoping Meeting

Purpose of the meeting:

- To set the objectives for the investigation. Consideration must be given to achieve the best possible outcome for the ICB and NHS in line with the NHS Counter Fraud and Corruption Manual 2019 and the ICB's Disciplinary Policy & Procedures. The forum must therefore consider (in no particular order as each investigation could present different priorities) criminal, civil and disciplinary sanctions in line with the NHS CFA document 'Applying Sanctions Appropriately'.
- To determine whether the subject should be told of the allegation and, in certain circumstances and in line with policy guidance on applying parallel sanctions, whether the subject should be suspended. Suspensions will only be applied if there is full agreement by those at the meeting having regard to the need to preserve and / or secure evidence and protect service users.

#### The Investigation

This will be conducted in accordance with the Manual, applying appropriate sanctions consistently and all other guidance issued by NHS CFA. During their investigation, the LCFS will ensure that all activity is conducted, and any evidence or

information is gathered, in accordance with PACE, CPIA and any other current appropriate legislation.

The LCFS will provide regular updates to CFO and will meet with HR as required in accordance with the protocol for liaison between the Counter Fraud Service and HR.

Where a financial loss to the organisation has been identified, the LCFS will take reasonable steps during any interview under caution to secure a commitment on the part of the subject to reimburse the organisation. On occasions, the LCFS may actually make a recovery from the subject.

The LCFS will write an Investigation Report for the CFO at the conclusion of the investigation or when the LCFS believes the intervention of a third party (e.g. the Police) is required. If the recommendation is that the Police should become involved – e.g. to effect arrest or obtain a search warrant or production order - the CFO must approve this course of action before contacting the Police.

The Investigation Report will include recommendations for further action (criminal, civil, disciplinary, none) and identify any systems weaknesses with recommendations for strengthening them. The LCFS will have discussed recommendations involving systems weaknesses with appropriate managers responsible for implementation of proposed changes. The LCFS will also alert Internal and External Audit when such weaknesses are identified.

### **Applying Sanctions**

This will be in accordance with the NHS CFA document 'Applying Appropriate Sanctions Consistently' and the organisation's internal protocols on prosecution and financial recovery. If the decision is to pursue a criminal sanction, this will be via the CPS.

If at any stage the decision is to refer all or part of the case to the ICB for consideration under disciplinary procedures, the LCFS will make available to HR and the line manager all appropriate documentation, including, when authority to do so has been granted, plain paper copies of witness statements. At the conclusion of disciplinary consideration, HR will inform the LCFS of the outcome so that FIRST, the Case Management System, can be updated.

If a financial recovery is appropriate and has not been affected by the LCFS, the ICB will take all necessary steps to recover all losses as identified by the LCFS. If necessary this will include taking action through a civil court.

### **After the Investigation**

The ICB is committed to publicising actions of successful sanction and redress to improve prevention and deterrence. At the conclusion of all investigations, the LCFS will consider the possibilities of publicity either within the organisation or publicly through the press. The appropriateness of such publicity will be discussed on a case-by-case basis with the Communications Manager in accordance with the Manual and organisation protocol between the LCFS and Communications Manager.



**HEALTH & SAFETY POLICY**

<b>VERSION</b>	
<b>POLICY NO</b>	
<b>AUTHOR</b>	Commissioning Support Unit
<b>SPONSOR</b>	Director of People, Culture and Engagement
<b>APPROVED BY</b>	ICB People Committee
<b>APPROVAL DATE</b>	TBC – 01 July 2022
<b>REVIEW DATE</b>	30 June 2025

*This document may be made available to the public and persons outside of the ICB as part of the ICB's compliance with the Freedom of Information Act 2000.*

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### 1. Introduction

- 1.1 The Integrated Care Board (ICB) is fully committed to protecting the health, safety and welfare of its staff and anyone else whose health, safety and welfare could be affected by the work and activities of the ICB. The ICB

recognises its statutory responsibilities as described within the Health & Safety at Work Act 1974 and the Management of Health & Safety at Work Regulations 1999 and will do all that it can to ensure staff and others are not exposed to unacceptable risk.

1.2 We also recognise that a healthy workforce working within a safe working environment has a positive impact on our abilities to deliver services and achieve excellence in our work.

1.3 The ICB will provide the leadership and resources to ensure that individuals and managers have the guidance, understanding and opportunity to maintain welfare, safe working environment and to work safely.

#### 1.4 Scope

1.4.1 This policy applies to all staff working for or on behalf of the ICB and including contract, bank or agency staff, students and volunteers.

1.4.2 This policy extends to all sites, buildings and areas where the ICB owes a duty of care and responsibility to employees, patients, visitors, contractors, or any other person affected by its work and activities.

#### 1.5 Purpose

1.5.1 The purpose of this policy is to:

- state our organisational commitment to healthy staff, safe working environment and safe practice;
- provide guidance for individuals and managers on expectations and standards for Health, Safety and Welfare within the ICB;
- describe roles and responsibilities to ensure everyone within the ICB understands their contribution and how health & safety is managed within the ICB.

1.5.2 This Policy will thereby:

- Ensure, as far as is reasonably practicable, the health, safety and welfare of ICB staff;
- Ensure, as far as is reasonably practicable, the health, safety and welfare of other persons who may be affected by the ICB's work.

#### 1.6 Regulatory Position

1.6.1 The ICB's Health and Safety Management Systems incorporate Health and Safety and Environmental Legislation relevant to the organisation and its work activities, specifically the Health & Safety at Work etc. Act 1974 and subordinate legislation, regulations and guidance documents made under and/or associated with this Act,

including:

- Management of Health & Safety at Work Regulations 1999;
- Workplace (Health, Safety and Welfare) Regulations 1992;
- Regulatory Reform (Fire Safety) Order 2005;
- Health & Safety (First Aid) Regulations 1981
- Health and Safety (Display Screen Equipment) Regulations 1992 as amended by the Health and Safety (Miscellaneous Amendments) Regulations 2002
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
- Manual Handling Operations Regulations 1992 (as amended)
- The Control of Substances Hazardous to Health Regulations 2002
- Provision and Use of Work Equipment Regulations 1998
- Lifting Operations and Lifting Equipment Regulations 1998
- Personal Protective Equipment at Work Regulations 1992
- The Corporate Manslaughter and Corporate Homicide Act 2008
- Disability Discrimination Act 2010
- Environmental Protection Act 1990.

## 1.7 Special Cases

1.7.1 There are no Special cases.

## 1.8 Equality Impact Statement

1.8.1 The ICB aims to design and implement services, policies and measures that are fair and equitable. The ICB is committed to promoting equality and respect for the people it serves and for its staff. Our aim is to ensure the way that we work challenges inequality and affirms difference.

1.8.2 This Policy has been assessed against the ICB Equality Impact Assessment Tool.

## 1.9 Comments

1.9.1 Any comments should, in the first instance, be addressed to the author.

## 2. **Statement of Commitment**

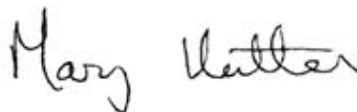
2.1 We are committed to identifying and managing health & safety risks, meeting legislative requirements and achieving best practice standards.

2.2 We accept our responsibilities under the Health & Safety at Work etc Act 1974 and the Management of Health & Safety at Work Regulations 1999 for ensuring the health & safety of our staff and anyone else whose health, safety and welfare could be affected by the work and activities of the ICB.

2.3 The ICB will do all that it can to ensure staff and others are not exposed to unacceptable risk.

- 2.4 We recognise that a healthy workforce working within a safe working environment has a positive impact on our abilities to deliver services and achieve excellence in our work.
- 2.5 To achieve this objective we will implement a safety management system that supports individuals and managers to actively manage foreseeable or identified health & safety risks.
- 2.6 Expectations and standards for Health & Safety will be clearly defined and local arrangements will be documented.
- 2.7 The ICB will provide the leadership and resources to ensure that individuals and managers have the guidance, understanding and opportunity to maintain and improve welfare, safe working environment and safe working practice.
- 2.8 Implementation of our Health & Safety Policy is an individual and management responsibility and accountability will be clear at every level.
- 2.9 Health & Safety Management will be part of our everyday approach to our work and its effectiveness will be measured and monitored as a core business activity.

I and other members of the Board of the ICB are committed to this Policy and to the implementation and maintenance of the highest standards of health, safety and welfare across the ICB. We expect every member of staff to share this commitment and to work together to achieve it.



Mary Hutton

Chief Executive Officer

Date 30 June 2022



### 3. Managing Organisational Risk

#### 3.1 Health & Safety Objectives

The ICB will:

- 3.1.1 Identify and manage health & safety risks to meet legislative requirements and achieve best practice standards.
- 3.1.2 Do all that it can to ensure staff and others are not exposed to unacceptable risk.
- 3.1.3 Implement a safety management system that supports individuals and managers to actively manage foreseeable or identified health & safety risks.
- 3.1.4 Ensure expectations and standards for Health & Safety are clearly defined and local arrangements are documented.
- 3.1.5 Provide the leadership and resources to ensure that individuals and managers have the guidance, understanding and opportunity to maintain and improve welfare, safe working environment and safe working practice.
- 3.1.6 Ensure individual and management responsibility and accountability is clear at every level.
- 3.1.7 Create the conditions in which Health & Safety Management will be part of our everyday approach to our work
- 3.1.8 Measure and monitor Health & Safety as a core business activity.

#### 3.2 Safety Management System

In order to manage health & safety risks effectively the ICB has developed a safety management system that includes;

- A statement of commitment (section 2) and objectives
- Risk Management tools to document, monitor and measure risks
- Policy and tools to support individuals and managers manage specific risks
- Organisational structure that describes clearly roles and responsibilities
- Incident reporting and investigation arrangements
- Arrangements for audit and review of effectiveness

#### 3.3 Statement of Commitment

- 3.3.1 The Statement of Commitment will be reviewed and signed at least annually.
- 3.3.2 The Statement of Commitment describes the commitment and safety culture within the ICB and all staff must have read the statement. Copies of the Statement of Commitment should be available to all staff.

### 3.4 Risk Assessment

- 3.4.1 Risk Assessments are essential to achieve our Health & Safety objectives and form a critical part of an effective Safety Management System.
- 3.4.2 Managers are responsible for identifying significant and foreseeable risks within their work teams and work environments. These risks must be managed and a risk assessment must document the risks identified, safe systems of work and risk scoring.
- 3.4.3 The ICB will use the National Patient Safety Agency Risk Matrix to score and assess risk.
- 3.4.4 Risk assessments will document how risks are being managed and describe additional measures to be considered to reduce risk. Where additional measures are identified, actions will be agreed and the risk assessment will be reviewed and rescored on completion of those actions.
- 3.4.5 Directorates will maintain their own risk registers where risks pertaining to health and safety will be included. The ICB Corporate Risk Register (CRR) will include high level organisational risks those rated at 12 or more and the CRR will be reported to the Audit Committee. Hence any risk that is rated at 12 or more and relates to Health and Safety will be reviewed by the Audit Committee. Directorate risks are reviewed at Directorate Team meetings.
- 3.4.6 Managers will provide opportunities for all staff to be involved in conversations about safety. Risk Assessments and safe systems of work will be developed with staff to ensure they are practical and effective.
- 3.4.7 Risk Assessments will describe safe systems of working. All staff must be aware of the safe systems of working described in the Risk Assessment either through training, by reading the risk assessment or by reference to a separate safe system of work document. This learning and understanding of local safe systems of work should be documented.
- 3.4.8 Risk Assessments will be reviewed at least annually and at any time if there is a significant change to the activity, place of work or individual and/or if there has been a reported incident relating to the risk the risk assessment will be reviewed as part of the incident investigation. Reviews will be recorded on the Risk Assessment document with a signature and date.

### 3.5 Incident Reporting

- 3.5.1 All incidents which result in injury or harm to an individual will be reported using the GICB Accident Reporting Book which is kept by the Health & Safety Coordinator. All near misses that have the potential to cause harm or injury to an individual will also be reported. The Accident Reporting book is kept on the desk of the Health & Safety Coordinator and during any absence cover will be provided by the Governance Manager (Corporate Governance Team).

- 3.5.2 Managers will complete an investigation to identify contributory factors and root cause of the incident. Managers will show that they have taken actions to reduce the possibility of any such incident happening again.
- 3.5.3 The investigation will be an inclusive process encouraging those involved in the incident or those involved in similar work to contribute to the conversation. Managers will share the outcomes of the investigation with their teams.
- 3.5.4 Actions agreed as part of the investigation will be completed within agreed timescales.

### 3.6 Reporting of injuries, diseases and dangerous occurrences

- 3.6.1 The ICB will ensure that any injury, disease or dangerous occurrence that falls within the categories outlined in Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), is reported to within the time scales set out in the Regulations (RIDDOR 2013).

### 3.7 Communications

- 3.7.1 All staff will know what they need to for safety including an understanding of health & safety risks, safe ways of working and local health & safety arrangements.
- 3.7.2 This information will be available to all staff at all times.
- 3.7.3 All work places must have information on display on a Health & Safety Noticeboard to include a Health & Safety Law Poster; a copy of the Health & Safety Statement of Commitment and details of Fire and First Aid arrangements.
- 3.7.4 The "Health & Safety Law - What you need to Know" poster should advise employees of:
- The Executive Lead within the ICB responsible for Health & Safety (Director of People, Culture & Engagement) the deputizing managers is the Associate Director of Corporate Affairs;
  - The Site contact for Health & Safety is the Health and Safety Coordinator based in the HR / Governance Team;
  - The names of employees elected to represent employees on matters of health & safety in particular those staff members trained in First Aid and as Fire Wardens are listed.

### 3.8 Consultation

- 3.8.1 To encourage and promote effective consultation, communication and co-operation, the ICB has a staff forum called the Joint Staff Side Consultative Committee (JSCC) where Health & Safety is a standing agenda item. At least one representative from each Directorate will attend and then provide feedback to their respective Directorate Team Meetings. All staff will be provided the opportunity and encouraged to contribute to conversations about Health & Safety including the development of Risk

### Assessments and Incident Investigations.

3.8.2 The ICB understands its responsibility to consult with employee's – either directly or through appointed or elected representatives. Appointed or elected representatives, where they exist or are requested, will be given appropriate resource, opportunity and access to information.

### 3.9 Working in shared business premises

3.9.1 The ICB has a responsibility to all staff wherever they work and to anyone else who might be affected by the activities and work of those staff.

3.9.2 In addition, all other employers working in shared premises will have the same legal requirement to take care not only of their own staff but anyone else affected by the activities and work of those staff.

3.9.3 Where staff work in shared business premises all employers need to take all reasonable steps to minimise risk to all staff through co-operation and co-ordinated effort. It is essential safety information is shared and safe ways of working are agreed by all affected.

### 3.10 Working in premises not owned by the ICB

3.10.1 For staff working on premises not owned by the ICB it is important arrangements for Health & Safety on site are clear to all. This includes Fire Safety arrangements, electrical safety, security, pre-planned maintenance and corrective maintenance, asbestos management and legionella prevention.

3.10.2 Information about who to contact about site management risks, fire safety, first aid should be available to all staff working on the premises.

## 4 **Managing Specific Risks**

### 4.1 Foreseeable Risks

4.1.1 The ICB will pro-actively manage risks that are foreseeable and identifiable. This Policy will support Managers in identifying typical risks within the organisation, but other known risks must also be managed using the principles outlined in this Policy for Risk Assessment and management.

4.1.2 Additional risks may be identified through:

- Incident/accident reporting
- Consultation
- Conversation with staff and others
- Complaints
- Inspections
- Audits

4.1.3 Where a significant risk is identified a risk assessment must be completed to outline the specific risks and describe the measures in place to minimise those risks.

#### 4.2 Control of Substances Hazardous to Health

4.2.1 The ICB will comply with the Control of Substances Hazardous to Health Regulations 2002 by:

- Finding alternatives to Substances Hazardous to Health wherever possible;
- Identifying Substances Hazardous to Health in the workplace;
- Maintaining an up to date inventory of Substances Hazardous to Health in use;
- Having a Material Safety Data Sheet (MSDS) available for all Substances Hazardous to Health listed on the Inventory;
- Following guidelines and guidance within the MSDS for safe working with the substance hazardous to health (e.g. appropriate storage, arrangements for accidents and incidents including spills and first aid);
- Completing a COSHH Assessment where the MSDS indicates a substance has the potential to cause harm to individuals and where there are guidelines for prevention of that harm;
- Ensuring the COSHH Assessment describes measures in place for safety including personal protective equipment if necessary;
- To provide personal protective equipment for individual where it is described as necessary in the MSDS and COSHH Assessment;
- Ensuring all staff know what they need to for safe working with any substances hazardous to health listed in the inventory;
- Ensuring MSDS and COSHH Assessments are available to all staff at all times.

#### 4.3 Display Screen Equipment

4.3.1 The ICB will comply with the Health and Safety (Display Screen Equipment) Regulations 1992 by:

- Identifying all Display Screen Equipment (DSE) Users – individuals who use DSE for a significant part of their working day;
- Ensuring all DSE Users complete a DSE Workstation Assessment at least every 3 years;
- Ensuring all DSE Users complete a new DSE Workstation Assessment if there is a change to their workstation; if they are experiencing discomfort that may be affected by or attributable to their workstation; if they have a new health condition that may be affected by, or attributable to, DSE work
- Ensuring staff know what they need to about comfort and safety when working with DSE;
- Putting in place measures to address issues of comfort or safety identified by the DSE Workstation Assessment;
- Referring DSE Users to Occupational Health for advice and guidance on managing new or existing conditions that may be affected by or attributable to DSE Work at the earliest opportunity;
- Paying for regular eye and eyesight tests for DSE Users where

requested and authorised by the Principle Accountant, in the Finance Team;

- Paying for spectacles (to an agreed amount) for specific use with DSE where they are deemed a requirement for safety by Opticians;
- Providing laptop users with a separate keyboard, mouse and docking station for height adjustment where they use the laptop at their workstation;
- Ensuring individuals who work from home complete a DSE Workstation Assessment for home and that measures are put in place to address issues of comfort or safety identified by the DSE Workstation Assessment (see ICB Homeworking Policy).

#### 4.4 Driving at Work

4.4.1 The ICB will manage the risks of Driving at Work by:

- Identifying 'drivers at work' – individuals who drive to other sites, events or meetings as part of their working day;
- Checking the individuals MOT, business insurance and online driving licence counterpart as part of the Local induction and through their annual appraisal;
- Ensuring all drivers at work have provided personal details including car details (make, model, registration), alternative contact telephone numbers, next of kin name and contact and that this information is updated when there is a change – this information is given as part of the Emergency Contact list requirements;
- Requiring individuals to notify their manager of any change to licence, insurance or MOT at the earliest opportunity;
- Requiring individuals to notify their Manager of any new or existing health condition that may affect their ability to drive for work
- Enabling staff to drive safely, comply with legislation and the Highway Code by:
  - providing adequate time for travel,
  - ensuring staff have the opportunity for regular breaks during the day and on long journeys,
  - ensuring all drivers for work have access to a mobile phone for travel making provision for adverse travel conditions.

4.4.2 See Appendix 2 for the ICB's detailed Driving at Work Procedures

#### 4.5 Fire Safety

4.5.1 The ICB will manage the risks of Fire by:

- Ensuring site fire arrangements are clear for all staff and information about arrangements are on display on the Health & Safety Noticeboard, including Fire Wardens;
- Identifying individuals who may need assistance in an evacuation and putting in place an evacuation plan for the individual;

- Arranging for all staff to complete fire safety training annually and face to face fire training at least once every 3 years;
- Nominating Fire Wardens;
- Participating in Fire Drills and completing table top exercises at least once a year;
- Ensuring working practice by ICB staff minimises fire risks in their work places by:
  - Storing flammable substances appropriately;
  - Completing an environmental checklist every quarter;
  - Ensuring good housekeeping in work areas;
  - Compliance with any site arrangements for fire safety;
  - Not leaving kitchen equipment unattended when in use (e.g. microwave, toaster);
  - Acting to reduce risk when it is identified (e.g. removing obstructions to fire exit, closing fire doors);
  - Reporting any fire or other health & safety hazards to site owner.

4.5.2 All staff should complete the e-learning module on fire training on an annual basis: <https://www.consultod.co.uk/login/index.php>

#### 4.6 First Aid Arrangements

4.6.1 The ICB will comply with Health & Safety (First Aid) Regulations 1981 by:

- Completing a Risk Assessment of First Aid Needs;
- Putting in place First Aid arrangements identified as necessary by that Risk Assessment;
- Ensuring First Aid competence is maintained through training where appropriate;
- Identifying individual staff with specific first aid needs at work and ensuring those needs can be met by the First Aid arrangements in place.

4.6.2 At a minimum the ICB will have an Appointed Person responsible for:

- Maintaining a First Aid box;
- Ensuring all staff are aware of the First Aid arrangements and displaying information about First Aid arrangements on the Health & Safety notice board;
- Calling the emergency services in an emergency.

#### 4.7 Lone Working

4.7.1 The ICB will manage the risks of Lone Working by:

- Identifying individuals who may travel alone, work alone on site or work alone in community settings;
- Completing risk assessments for lone working outlining the specific risks and detailing the agreed local procedure;

- Ensuring that the local procedure for safety when lone working is agreed with staff and that staff use it in their day to day work – see ICB Lone Working Policy.

4.7.2 The Local procedure should at a minimum include the requirement for all lone workers:

- To complete a Personal Details information form including contact details, car details and next of kin information;
- To have access to a mobile phone when working alone;
- To maintain a diary that is accessible to others;
- To ensure someone is aware that they are working alone.

#### 4.8 Manual Handling

4.8.1 The ICB will comply with Manual Handling Operations Regulations 1992 (as amended) by:

- Avoiding Manual Handling wherever possible;
- Identifying manual handling risks required in the workplace – lifting, carrying, pushing or pulling;
- Completing a risk assessment for any significant manual handling risks that outlines the risks and describes safe ways of working;
- Ensuring all staff are aware of safe systems of working agreed and that they use those ways of working in their day to day activities;
- Considering work equipment that may minimise the risks (e.g. trolleys, sack trucks);
- Where equipment is introduced ensuring staff know how to use it safely and how to maintain it;
- Ensuring all staff complete Safe Manual Handling training see ConsultOD portal to access Manual Handling Training  
<https://www.consultod.co.uk/login/index.php>

#### 4.9 Security

4.9.1 The ICB will provide safe and secure work places for staff ensuring:

- Buildings have clear security and access arrangements at the beginning and end of the working day
- Access to staff only areas are protected by appropriate security (e.g. keypad lock)
- Facilities are available for staff to secure personal belongings at work should they wish to

4.9.2 Where members of the public are on site for meetings, there is a need, after the meeting, for the public to be escorted away from the meeting room/hub area and escorted back to the reception area, where they can either leave the building or remain in the reception area for any subsequent meetings where they can be met by relevant staff.



#### 4.10 Stress and well-being

4.10.1 The ICB recognises the requirement to manage both the physical and psychological risks to staff in the workplace. The ICB will manage the risks of stress and promote well-being at work by:

- Consulting and involving staff in decisions that affect them;
- Providing positive leadership at work;
- Ensuring staff have regular opportunities to discuss work and workload with their manager;
- Providing Occupational Health and Staff Support Services;
- Increasing a feeling of well-being by encouraging staff to take lunch breaks and regular breaks from their screens throughout the day.

4.10.2 Where an individual states they are experiencing symptoms of stress (work-related or otherwise) to their Manager and/or where an individual has had an absence from work due to a stress related absence Managers will:

- Ensure the individual is aware of the services offered Staff Support, provided at the corporate induction, through staff bulletin, via ConsultHR portal on wellbeing resources and via line managers;
- Arrange a 1-2-1 with the individual to discuss managing stress at work;
- Agree adjustments to work, workload or working arrangements if appropriate;
- Document the discussion and agreed actions in a stress risk assessment;
- Review the stress risk assessment and agreed actions with the individual through regular 1-2-1s.

#### 4.11 Violence at Work

4.11.1 The ICB will protect staff from violence and/or harassment at work by:

- Identifying situations when violent behaviors are more likely – violence at work being defined as ‘abuse, threat or assault’;
- Agreeing with staff what unacceptable behaviors are;
- Having an agreed telephone protocol for managing abusive telephone conversations;
- Ensuring abuse, threat or assault is reported through the incident reporting process;
- Completing a risk assessment for violence and aggression outlining specific risks and describing agreed safe ways of working.

#### 4.12 Work Equipment

4.12.1 The ICB will comply with the Provision and Use of Work Equipment Regulations 1998 by:

- Ensuring work equipment is suitable and fit for purpose;
- Ensuring equipment is maintained at intervals advised by the manufacturer;
- Maintaining electrical equipment through Portable Appliance Testing regularly;
- Ensuring any member of staff using work equipment has been shown how to use it safely;
- Identifying any work equipment that creates significant risks to user or others and completing a risk assessment to outline specific risks and describe agreed safe ways of working.

#### 4.13 Work Environment

4.13.1 The ICB will comply with the Workplace (Health, Safety and Welfare) Regulations by:

- Ensuring premises meet the basic welfare requirements of ICB staff;
- Having arrangements for planned preventative maintenance (PPM) at all sites occupied by ICB staff. PPM will maintain key services such as air conditioning, heating, hot and cold water supplies, lighting, cleaning, fire equipment and alarm systems, security systems, sanitary facilities and general decoration;
- Having arrangements for unplanned maintenance (e.g. breakdowns, repairs) at all sites occupied by ICB staff;
- Ensuring information for reporting issues with work environment are clear and available on all sites;
- Ensuring staff report issues with work environment.

#### 4.14 Home Working

4.14.1 The ICB will ensure that, where staff work from home (for whatever reason), arrangements are in place to provide all ICB staff with the necessary home working equipment, support and guidance to make homeworking as effective and positive as possible.

4.14.2 The ICB will supply certain equipment for working at home (especially in times of pandemic) such as:

- IT equipment, a work laptop and mouse
- Office furniture such as chairs and footstall can be loaned to the staff member on completion of the relevant loan equipment form.
- A grant of up to £100.00 is available to each staff member towards the purchase of a desk for homeworking and a further £100.00 for an office desk.
- It is expected that the employee will complete the DSE Workstation Checklist. After review the line manager will ensure any necessary adjustments are made to the staff member's work environment to allow the employee to work safely.

4.14.3 In all flexible working arrangements, employees must remain in contact with the main office by appropriate means, e.g. telephone, MS Teams and/or email as agreed with the line manager.

4.14.4 Full details in relation to Home Working, can be found via the Home Working Policy on the ICB intranet along with information about homeworking.

#### 4.15 Temporary Staff

4.15.1 The ICB has additional responsibilities for the safety of temporary staff at work. It will meet these responsibilities by ensuring all temporary staff are told what they need to know for the safety of themselves and others as part of a Local Induction, and supplemented by the Corporate Induction, before they start work. The relevant local induction checklist can be found in the Staff Handbook made available to all new staff on commencing employment.

#### 4.16 New & Expectant Mothers

4.16.1 The ICB has specific responsibilities for the safety of new and expectant mothers at work. It will meet these responsibilities by:

- Completing a new & expectant mothers risk assessment once notified of the pregnancy;
- Outlining any specific risks identified and describing agreed adjustments to work, workload or working practice in the Risk Assessment;
- Seeking advice from Occupational Health for any pregnancy related medical conditions or existing health conditions that may be affected by the pregnancy;
- Reviewing the New & Expectant Mothers Risk Assessment at least every 3 months and on return to work;
- Providing appropriate facilities or arrangement for breastfeeding for new mothers returning to work.

#### 4.17 Young Persons

4.17.1 The ICB has specific responsibilities for the safety of young persons at work and in the workplace. It will meet these responsibilities by:

- Completing a Young Person Risk Assessment to identify specific risks to young person and agree arrangements for managing those risks;
- Identifying any restrictions at work for young person's safety;
- Sharing information about risks and agreed arrangements for safety with the young persons and parents/carers if necessary;
- Gaining consent for work experience from parents/carers where necessary;
- Ensuring young person receives appropriate supervision, information, instruction and training at work for their safety and the safety of others.

## 5 **Roles & Responsibilities**

5.1 The ICB Chief Executive Officer (CEO) is responsible for:

- The Health & Safety of ICB staff and other persons affected by the work activities of ICB staff;

- Ensuring that a safety management system supported by a suitable health and safety policy exists, is implemented, monitored and reviewed;
- Ensuring the ICB complies with Health & Safety legislation.

5.2 The Board of the ICB will:

- Create the culture and circumstances in which health, safety & welfare are valued business objectives;
- Assure itself that the safety management system is effective and that risks are being suitably managed across the ICB;
- Make available the resources needed to implement the safety management system;
- Act to manage and monitor any significant Health & Safety risks brought to them by the People Committee.

5.3 The People Committee will:

- Monitor Incidents, Accidents and Near Misses reported in the ICB;
- Monitor RIDDOR reportable incidents in the ICB;
- Monitor Health & Safety Training compliance;
- Monitor any significant health & safety risks brought to their attention;
- Review Annual Health & Safety Audit Reports;
- Review Health & Safety Risks held on the ICB Risk Register;
- Provide Assurance to the Board that the ICB is compliant with this Policy and meeting it's legislative responsibilities.

5.4 The Director of People, Culture & Engagement Lead will:

- Ensure systems of assurance are in place and that they are robust;
- Ensure there is a nominated competent person for Health & Safety within the ICB. This responsibility now sits with the Health & Safety Facilitator (Governance Team);
- Create the leadership to ensure a positive safety culture in the ICB;
- Ensure the Operational Executive Team understand their role in the safety management system. The Operational Executive Team comprises the Chair, CEO, CFO and CMO as well as the H&S lead – Director of People, Culture and Engagement as well as other ICB Directors.

5.5 The ICB Operational Executive Team will:

- Monitor and manage health, safety and welfare arrangements across ICB Teams;
- Ensure Managers understand their responsibilities;
- Ensure Managers are implementing the requirements of this Policy;
- Discuss any significant Health & Safety Risks brought to their attention and report any significant concerns to the People Committee.

## 5.6 Operational/Line Managers will:

- Manage day to day health, safety and welfare for their teams including ensuring the safety of others who may be affected by the work of the team;
- Manage the risks created in their own teams and will show they are using the guidelines within this policy to do so;
- Ensure the statement of commitment is available to all ICB staff;
- Ensure staff have the opportunity to read this Policy and know where to access it via the A-Z policies on the ICB intranet;
- Identify foreseeable risks in the team and work environment and complete risk assessments outlining specific risks;
- Put in place measures to manage and reduce risk and document them in a risk assessment;
- Understand the needs of individuals to ensure safe working takes into account their differences;
- Review risk assessments at appropriate intervals;
- Share and record significant risks on risk registers;
- Ensure staff know how to report incidents, accidents and near misses and are encouraged to do so;
- Complete investigations following incident reporting involving staff in the process and sharing outcomes with teams;
- Ensure actions agreed through investigations are completed within agreed timescales;
- Report injuries, diseases and dangerous occurrences as required;
- Maintain the Health & Safety noticeboard ensuring staff have access to the HSE Poster detailing local contacts, Fire & First Aid arrangements are clearly on display and the Statement of Commitment is available;
- Provide staff with opportunities to discuss Health & Safety at meetings and regular 1:2:1s;
- Implement the actions outlined in the Managing Specific Risks section of this Policy;
- Bring to the attention of their Manager any significant Health & Safety risks identified.

## 5.7 The Health & Safety Competent Person

5.7.1 The Competent Person function will be supplied by an individual qualified in occupational health and safety. This role is delivered by the SCW CSU by the Health & Safety and Business Continuity Manager.

## 5.8 ConsultHR will:

- Support managers in identifying potential RIDDOR absences;
- Provide advice and guidance on HR related matters including managing stress with individuals.

## 5.9 Occupational Health

5.9.1 To provide individuals and managers with advice and guidance on how to manage new

and existing health conditions in the workplace. See the ConsultHR portal for more information [LINK TO BE UPDATED POST 01/07/2022](#)

- 5.10 Staff Support Services will provide counselling support and advice to individuals and teams.
- 5.11 Fire Wardens roles & responsibilities are defined within the Sanger House Fire Procedures document. See list of Sanger House Fire Wardens on kitchen noticeboards.
- 5.12 First Aiders will ensure:
- They are competent to provide First Aid (either by virtue of their Clinical Registration or attendance on a First Aid Course);
  - They maintain their competence through training at appropriate intervals;
  - A first aid box is available and maintained;
  - Information about first aid arrangements are available to all staff on the Health & Safety Noticeboard;
  - First aid is given when necessary following best practice and within competence.
- 5.13 All Staff will:
- Have read this Policy;
  - Know where to access this Policy;
  - Understand what they and others need to do for safety;
  - Use safe ways of working agreed through risk assessment;
  - Complete training as outlined in the Training Needs Analysis at appropriate intervals;
  - Act upon and/or report health & safety issues identified in the workplace;
  - Report all accidents and incidents using the ICB Incident Reporting Form
  - Contribute to conversations about Health & Safety.

## 6 Training

- 6.1 The ICB wants staff to be able to work confidently, with the knowledge and understanding of what the work involves, why it is being carried out and how it should be done safely.
- 6.2 The ICB has an agreed Training programme in Health and Safety including
- Health and safety e-learning module available on the ConsultOD platform
  - Moving and Handling e-learning module available on the ConsultOD platform
  - Annual Fire training e-learning module available on the ConsultOD platform.
  - Fire Warden training and refresher training available annually
  - First Aid training and refresher training available annually.
- 6.3 Training will be provided:

- To all new staff (including temporary staff as part of their local induction). There is a quarterly corporate induction which covers health and safety at work and homeworking so that they know what they need to for their own safety and the safety of others;
- To existing staff to ensure they continue to be aware of risks at work and understand safe working practice via e-learning modules see above;
- Whenever there is a change to work or working practice and that change introduces risks or changes the risks for staff;
- Following an incident if the investigation shows that lack of training may have been a contributory factor.
- Accurate records of all training undertaken shall be kept, maintained and used to identify where training is necessary. Health & Safety Training compliance will be monitored by the Operational Executive Team and form part of the Health & Safety reporting to the People Committee.

## **7 Monitoring**

7.1 The ICB will regularly monitor the management of health and safety. Health & Safety will be monitored as a core business objective by the Operational Executive Team, People Committee with annual reporting of health and safety to the Board of the ICB by way of the Annual Report.

7.2 Monitoring will consider:

- Incidents and incident reporting statistics
- RIDDOR Reportable incidents
- Risks recorded on the Risk Register
- Health & Safety Training compliance
- The outcomes of the annual Health & Safety Reviews
- Compliance with Policy
- Reports from inspections
- Changes to legislation, approved codes of practice or guidance

7.3 In addition there is an expectation that:

- All staff will have an opportunity to discuss health & safety at 1:2:1s and team meetings
- Staff will report any failings or foreseeable failings of the health & safety management system
- The ICB will act upon the outcomes of annual Health & Safety Reviews; reports from inspections and changes to legislation, approved codes of practice or guidance

## **8 Review**

8.1 All staff will be given the opportunity and encouraged to contribute to the review of this policy. The policy will be reviewed in three years or at any time where there has been a significant change in health and safety law or where the policy is believed to be no longer valid.

## APPENDIX 1

### Procedure for Driving at Work

Gloucestershire ICB recognises its duties in respect of managing road-related risks and will take all reasonably practicable steps to secure the health, safety and welfare of employees who are required to drive at work on ICB related business. Driving at work excludes commuting to/from work unless carpooling with one or more colleagues.

This procedure is applicable to all staff that drive at work.

### Legislation

- The Highway Code
- Health and Safety at Work etc Act 1974
- Management of Health and Safety at Work Regulations 1999
- Road Traffic Act 1988 as amended 1991
- Road Vehicles (Construction and Use) Regulations 1986 (amendment No.4, 2003)

### Employer Responsibilities

- Include driving at work in the risk assessment process. Managers must ensure and acknowledge that their direct reports have read the ICB's Generic Driving at Work Risk Assessment which can be downloaded from the intranet.
- Managers must ensure that any employee required to drive on ICB business:
  1. Has a full and valid UK driving licence;
  2. Has appropriate business use insurance when using their own or leased vehicle; and
  3. Has a valid MOT in place, where applicable.
- Verification of these three items must be confirmed and recorded in the Duty of Care section of the ICB e-Expenses system in accordance with the ConsultHR Duty of Care process which can be downloaded from the intranet.

### Employee Responsibilities

- Be in possession of a full and valid UK driving licence applicable to the type of vehicle being driven.
- Ensure they are familiar with the current Highway Code.
- Drive safely and comply with road traffic regulations.
- Ensure their vehicle has appropriate business use insurance.
- Maintain their vehicle in accordance with manufacturer specifications.
- Ensure their vehicle is roadworthy and has a valid MOT, if over 3 years old.
- Inform their manager immediately if, for any reason, their driving licence is revoked.
- Inform their manager immediately if they are suffering from any illness or health condition which impairs their ability to drive.
- Not to drive whilst under the influence of alcohol or drugs, including prescribed drugs that may impair ability to drive.
- Take adequate breaks whilst driving at work.

### Use of Mobile Phones in Vehicles

It is illegal to use a hand-held mobile phone for any purpose whilst driving.



The definition of driving within the Regulations includes situations where the vehicle is stationary but the engine is still running. In order to avoid committing an offence a driver will need to have parked and switched the engine off before using the phone.

It is also an offence for anyone to 'cause or permit' someone else to use a hand-held phone whilst driving. **Managers**, therefore, must neither ask nor expect their staff to use their mobile phones whilst driving. It doesn't mean that they cannot provide their staff with phones or unknowingly call them whilst they are driving, but they should not expect them to answer. Research undertaken by the ROSPA shows that hands-free phones are no safer than hand-held phones. Driving is impaired while engaged in a telephone conversation because of the degree of disruption of concentration.

### **Gloucestershire ICB's Official Position on the use of hands-free mobile phone equipment**

Hands-free kits for mobile phones are legal to use, however, a telephone conversation using hands-free is a significant distraction. Therefore, whilst driving for work, employees should use their hands-free mobile phone only when absolutely necessary. Drivers must retain full use of their vehicles at all times, and any calls made to and from a hands-free mobile should be kept as short as possible. Staff may not call in to meetings large or small, including one-to-one meetings with line managers, whilst driving. Line managers/meeting Chairs are expected to tell anyone doing so to hang up and dial-in once legally and safely parked with the engine switched off.

### **Satellite Navigation**

Any visual distraction whilst driving can compromise safety. However, satellite navigation is a useful aid, especially for drivers visiting a new area for business purposes. Employees must ensure, however, that they do not manually programme or operate the navigation system whilst driving.

### **Storage of equipment**

When carrying equipment, samples or tools in the vehicle, make sure they are housed in the boot or similar dedicated storage areas within the vehicle.

Do not leave items unrestrained in the passenger compartment as, in an impact at speed, these objects will be thrown forward/sideways, etc.

Any portable computing device **must not be** left unattended in a public place or left in unattended vehicles.

### **Plan your journey**

Planning your journey saves you time and stress:

- Consider how long your journey will take, including time for breaks and allow some cushion for unexpected delays;
- Plan your route; check for road works and, before heading off, check traffic reports.

### **Vehicle checklist**

It is the driver's responsibility to ensure their vehicle is maintained in a roadworthy condition and weekly the following checks should be carried out:

- Visual examination for any apparent fuel, oil or other fluid leaks.

- Check all tyres, including the spare, for damage, tread depth and pressure.
- Check fuel, oil, water, windscreen wash and other fluid levels.
- All lights including indicators, brake lights, and headlights are in working order.
- Windscreen wipers and washers in good condition.
- Horn is working.
- Mirrors are clean and suitably adjusted for the driver.
- Windscreens are in good condition (not obscured by ice/dirt and not chipped or cracked)

### **Lone Working**

Staff driving alone are 'Lone Workers' and must therefore follow the ICB's approved procedures for Lone Working which can be downloaded from the intranet.

**Agenda Item 10a**

**Integrated Care Board**

**1 July 2022**

<b>Report Title</b>	<b>Establishing the Gloucestershire Health and Wellbeing Partnership (the Integrated Care Partnership)</b>			
<b>Purpose (X)</b>	<b>For Information</b>		<b>For Discussion</b>	
<b>Route to this meeting</b>	<b>For Decision</b>			
	<b>Approve</b>			
<b>Route to this meeting</b>	A fixed term Working Group has been developing proposals for the Gloucestershire Health and Wellbeing Partnership as part of the Integrated Care System Transition Programme.			
	<b>ICB Internal</b>	<b>Date</b>	<b>System Partner</b>	<b>Date</b>
	Discussions have been held internally	Jan – June 2022	Discussions with system partners throughout the year	Feb – June 2022
<b>Executive Summary</b>	The purpose of the paper is to secure a mandate from the Board for the Integrated Care Board and the Local Authority to establish the Health and Wellbeing Partnership through two convening members. The Board is also asked to endorse the proposed Chair for the Partnership.			
<b>Key Issues to note</b>	The key issue is enabling the Health and Wellbeing Partnership to be established in a timely way, given the December milestone for publishing an interim Integrated Care Strategy.			
<b>Key Risks:</b>  <b>Original Risk (CxL)</b> <b>Residual Risk (CxL)</b>	There is a risk that there is unhelpful duplication between the work of the Health and Wellbeing Board and the Health and Wellbeing Partnership. The intention is to mitigate this risk through a common Chair and the aligned operating model.  (3x2) 6 (3x1) 3 (residual meaning accepted risk)			
<b>Management of Conflicts of Interest</b>	There are no conflicts of interests in developing this paper			
<b>Resource Impact (X)</b>	<b>Financial</b>		<b>Information Management &amp; Technology</b>	
	<b>Human Resource</b>		<b>Buildings</b>	
<b>Financial Impact</b>	The financial impact will be with regard to resourcing a shared secretariat for the Integrated Care Board/Health and Wellbeing Board/Health and Wellbeing Partnership. This has already been assessed as part of the ICS Transition Programme.			

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<b>Regulatory and Legal Issues (including NHS Constitution)</b>	The Integrated Care Board should note that the Health and Care Bill places some statutory duties on the Integrated Care Partnership, such as the duty to produce an Integrated Care Strategy. The Integrated Care Partnership is itself a statutory committee established by the Integrated Care Board and the Local Authority.		
<b>Impact on Health Inequalities</b>	Addressing health inequalities will be core to the purpose of the Gloucestershire Health and Wellbeing Partnership		
<b>Impact on Equality and Diversity</b>	N/A for this paper		
<b>Impact on Sustainable Development</b>	N/A for this paper		
<b>Patient and Public Involvement</b>	The membership of the Gloucestershire Health and Wellbeing Partnership will include Healthwatch and the Citizen's panel.		
<b>Recommendation</b>	<p>The Board is requested to:</p> <ul style="list-style-type: none"> <li>○ endorse the proposal that Councillor Carole Allaway-Martin will be invited to Chair the Gloucestershire Health and Wellbeing Partnership.</li> <li>○ agree a mandate for Mary Hutton and Councillor Allaway-Martin to convene the Gloucestershire Health and Wellbeing Partnership.</li> </ul>		
<b>Author</b>	Helen England	<b>Role Title</b>	Improvement and Development Director
<b>Sponsoring Director (if not author)</b>	Mary Hutton, Chief Executive Office		

<b>Glossary of Terms</b>	<b>Explanation or clarification of abbreviations used in the paper</b>
ICS	Integrated Care System
ICB	Integrated Care Board
GHC	Gloucestershire Health & Care Foundation Trust
GHFT	Gloucestershire Hospitals NHS Foundation Trust
GCC	Gloucestershire County Council
VCSE	Voluntary, Community and Social Enterprise

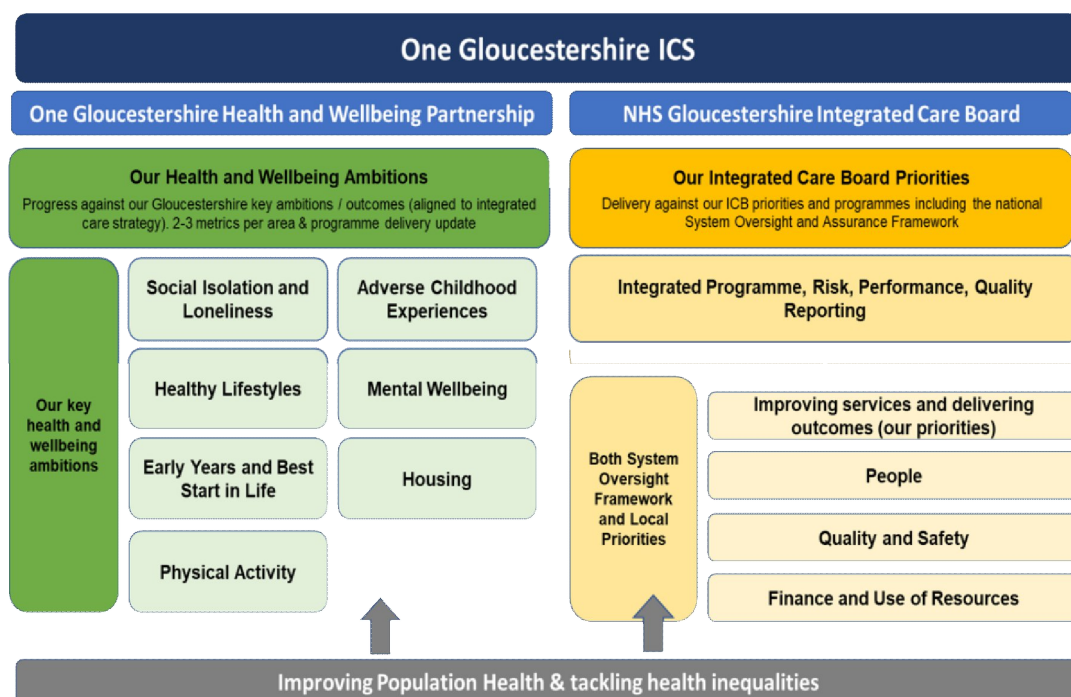


## Establishing the Gloucestershire Health and Wellbeing Partnership

### 1. Introduction

In accordance with the agreed naming convention for the Gloucestershire Integrated Care System, the Integrated Care Partnership in Gloucestershire will be referred to as the Gloucestershire Health and Wellbeing Partnership.

Alongside the Integrated Care Board, the Integrated Care Partnership forms a fundamental part of the new system architecture.



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### 2. Background and context

A set of adopted design principles have guided the work to develop a proposed model for the Integrated Care Partnership, which in Gloucestershire will be aligned to the Health and Wellbeing Board. There is agreement across system partners that it would be beneficial to have a common Chair across the Integrated Care Partnership and the Health and Wellbeing Board. The rationale for this model is to maintain alignment across the forums at a strategic level and ensure that the focus of each forum is complementary, avoiding duplication of delivery or reporting.

National guidance on the development of Integrated Care Partnerships has also informed the work undertaken locally, the most recent of which is the document published in March 2022 setting out the outcome of a trilateral engagement process undertaken by the Department of Health and Social Care, NHS England and the Local Government Association.

### 3. Convening the Partnership

The Gloucestershire Health and Wellbeing Partnership is to be jointly established by the Integrated Care Board and the Local Authority. Two senior leaders will be given a mandate to convene the Partnership on behalf of the system. It is proposed that those individuals will be Mary Hutton, CEO on behalf of the Integrated Care Board, and Councillor Carole Allaway-Martin, on behalf of the Local Authority. Councillor Allaway-Martin is the current Chair of the Gloucestershire Health and Wellbeing Board and therefore the proposed Chair designate of the Gloucestershire Health and Wellbeing Partnership.

### 4. Forward timeline and next steps

In establishing the Gloucestershire Health and Wellbeing Partnership, the following steps will be followed:

<b>1<sup>st</sup> July</b>	<b>ICB agrees mandate to founding members to convene the partnership and endorses proposed Chair</b>
<b>19<sup>th</sup> July</b>	<b>Health and Wellbeing Board agrees mandate to founding members and approves ICP Operating Model and Terms of Reference</b>
<b>27<sup>th</sup> July</b>	<b>ICB approves ICP Operating Model and Terms of Reference</b>
<b>During August</b>	<b>Membership of the Partnership is convened in line with Terms of Reference and meeting arrangements confirmed</b>
<b>By end of September</b>	<b>Gloucestershire Health and Wellbeing Partnership meets for inaugural meeting and adopts its Terms of Reference</b>
<b>By December 2022</b>	<b>Partnership develops and publishes an interim Integrated Care Strategy</b>
<b>During 2023</b>	<b>the Department of Health and Social Care is expected to publish refreshed Integrated Care Strategy guidance</b> <b>ICB 5 year and annual operating plans will be tested against the interim Integrated Care Strategy</b>

## **5. Recommendations**

- 5.1 It is recommended that the Integrated Care Board endorses the proposal that Councillor Carole Allaway-Martin will be invited to Chair the Gloucestershire Health and Wellbeing Partnership
  
- 5.2 It is recommended that the Integrated Care Board agrees a mandate for Mary Hutton and Councillor Allaway-Martin to convene the Gloucestershire Health and Wellbeing Partnership

**Helen England**

**Improvement and Development Director**



**Agenda Item 12**

**Integrated Care Board**

**1<sup>st</sup> July 2022**

<b>Report Title</b>	<b>2022/23 Operational Planning Update</b>			
<b>Purpose (X)</b>	<b>For Information</b>		<b>For Discussion</b>	
			<b>X</b>	
<b>Route to this meeting</b>	<p>The process for finalising the One Gloucestershire’s 22/23 Operational Plan is discussed at a weekly System Wide Planning Meeting. There have been regular updates from the system wide planning team on the development of the plan to</p> <ul style="list-style-type: none"> <li>• Programme Development Group and Resources Steering Group</li> <li>• ICS Executive and ICS Board</li> </ul> <p>Updates have also been provided to GHCFT and GHFT throughout planning process including at Board level. The final review with Chief Executives took place on 17th June 2022.</p>			
<b>Executive Summary</b>	The purpose of this document is to provide an update on the One Gloucestershire’s 22/23 Operational Plan submission. Details of system compliance and risks to delivery are detailed ahead of the handover to the Integrated Care Board.			
<b>Key Issues to note</b>	Identify the key issues that the report is attempting to address here, and any issues that have arisen during the project / programme / production of the paper itself.			
<b>Key Risks:</b>	The risks to the 2022/23 Operational Plan are detailed within section 3 of the paper.			
<b>Original Risk (CxL)</b> <b>Residual Risk (CxL)</b>	<p>The three main risks are</p> <ul style="list-style-type: none"> <li>• Failure to deliver elective recovery in line with planned levels</li> <li>• Failure to deliver urgent &amp; emergency care in line with planned levels</li> <li>• Failure to deliver financial balance</li> </ul>			
<b>Management of Conflicts of Interest</b>	<p>Answer the following questions:</p> <ul style="list-style-type: none"> <li>• No conflicts of interest registered</li> </ul>			
<b>Resource Impact (X)</b>	<b>Financial</b>	x	<b>Information Management &amp; Technology</b>	x
	<b>Human Resource</b>	x	<b>Buildings</b>	
<b>Financial Impact</b>	The 2022/23 plan includes the submission of the financial plan for in-year balance across the system. This includes assumed efficiencies and productivity gains.			

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<b>Regulatory and Legal Issues (including NHS Constitution)</b>	Completion and submission of an Operational Plan was key to the ICB Readiness to Operate statement and compliance with our statutory responsibilities. The paper details our planned compliance levels with national policy including the submission of a financially balanced plan. We have acted on NHS England/Improvement feedback on our draft submissions to increase the overall compliance of the plan.		
<b>Impact on Health Inequalities</b>	Reduction in Health Inequalities is a central aim throughout the 2022/23 planning submission which are detailed within the One Gloucestershire planning narrative return.		
<b>Impact on Equality and Diversity</b>	Alongside the aim to support reduction in Health Inequalities the positive impact of plans on equality, inclusion and diversity is detailed within our One Gloucestershire planning narrative return with particular focus on staff wellbeing and on equitable reduction of the longest waits for elective care.		
<b>Impact on Sustainable Development</b>	There is a neutral impact on sustainable development.		
<b>Patient and Public Involvement</b>	Compliance with national standards including reduction of waits for elective and urgent care will improve patient and public experience. Patient and Public Involvement will take place across the implementation of the operational plan ensuring that patient and public views are incorporated and acted upon as appropriate particularly where aspects of services may be adapted or changed.		
<b>Recommendation</b>	The Integrated Care Board is asked to <ul style="list-style-type: none"> <li>accept the 20<sup>th</sup> June 2022 submission of the One Gloucestershire 22/23 Operational Plan as our approach to restore our health and care services for the population of Gloucestershire.</li> </ul>		
<b>Author</b>	Becky Willmoth	<b>Role Title</b>	Senior Planning & Programme Manager
<b>Sponsoring Director (if not author)</b>	Mark Walkingshaw, Director of Performance & Planning		

<b>Glossary of Terms</b>	<b>Explanation or clarification of abbreviations used in the paper</b>
ICS	Integrated Care System
ICB	Integrated Care Board
GHC	Gloucestershire Health & Care Foundation Trust
GHFT	Gloucestershire Hospitals NHS Foundation Trust
GCC	Gloucestershire County Council
VCSE	Voluntary, Community and Social Enterprise

## Agenda Item 12

### 2022/23 Operational Planning Update

#### 1. Background & Purpose

Gloucestershire ICS partners have collaboratively developed the One Gloucestershire 2022/23 Operational Plan, which details how we will continue to work together to restore our health and care services for the population of Gloucestershire. This plan seeks to reflect the ambition of the system to recover performance against national standards, building upon all the progress to date, whilst at the same time acknowledging the fact that fully addressing the significant backlogs built up during the pandemic will take a considerable period of time.

The components of the 22/23 Operational Plan include an activity and performance data submission, workforce data submission, a finance submission and a narrative that adds commentary on specified priorities. As per national guidance several iterations of the 22/23 Operational Plan were shared with NHSEI on 17th March, 28th April and 20th June 2022. The 2022/23 Operational Plan submitted on 20th June 2022, reflects a largely compliant system position and this was reflected in the ICB Readiness to Operate Statement. Responsibility for delivery and monitoring of the Operational plan will transition over to the Integrated Care Board and system partners. The ICB is asked to accept the 20<sup>th</sup> June 2022 submission of the One Gloucestershire 22/23 Operational Plan.

#### 2. System Compliance

The 22/23 Operational Plan shows good performance across a range of measures including; Cancer performance, reduction and elimination of long waits for elective care and improving access to diagnostics. The plan is ambitious around improving non-elective care including reduction in long waits in ED, reducing ambulance handover delays and shows a significant shift in our joint health and social care commitment to reduce the number of patients not meeting the 'criteria to reside' in a hospital bed in order to improve flow through the system and ensure patients are in the right setting for their needs.

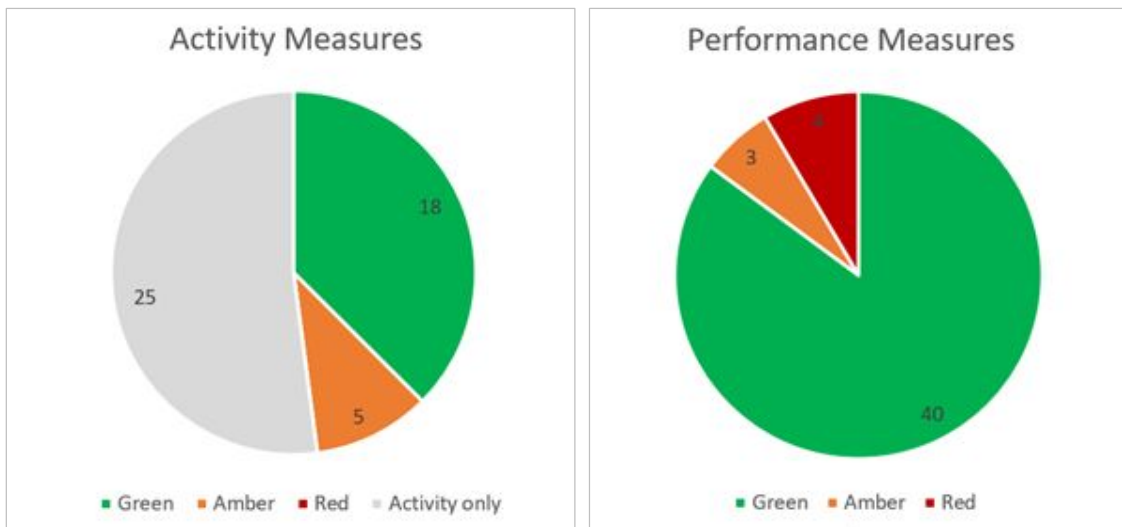
There is significant ambition to build community care capacity, offering the right care, at the right time, in the right setting. This includes expanding Virtual Wards capacity to support 40 beds per 100,000 population by Dec 2023 and enhancing Urgent Community Response across the ICS footprint.

Despite a surge in demand the majority of Mental Health commitments align with national expectations including: access to children and young people's mental health services, access to individual placement and support services, full annual health checks for people with severe mental illness and dementia diagnosis rates.

Reducing health inequalities is crucial to our aims as an Integrated Care System and we remain committed to this work being at the heart of all we do. Our whole system approach to tackling Health Inequalities has been nationally commended and system infrastructure has been established to support this.

We have submitted a balanced financial plan, based on the operational plan ambitions with elective activity delivery at 104% (of 19/20 levels) alongside maximising efficiency and productivity opportunities. The ICS has a balanced capital plan for 22/23, plans for 23/24 and 24/25 will be developed over the autumn and winter.

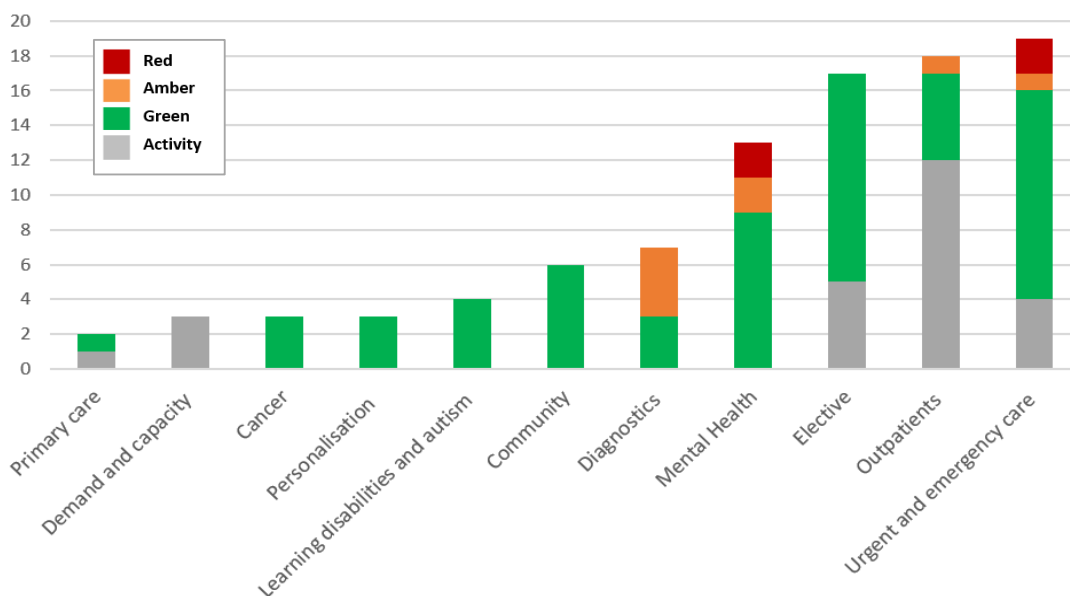
The overall compliance across the activity and performance measures is detailed below:



The measures identified have been categorised and given a rating as follows:

- Activity only - there isn't a national expectation to achieve certain level
- Green – we are compliant with national expectations
- Amber – we are close to complying with national expectation and/or we are not an outlier when compared to other systems
- Red – we are not compliant with national expectations and/or we are an outlier when compared to other systems.

Our compliance assessment of activity and performance measures broken down by clinical area is shown below:



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### 3. 22/23 Operational Plan Delivery Risks

The 22/23 Operational Plan is focused on tackling our most significant challenges which will unlock improvement across the full range of our services, however, there remains some element of risk to the recovery of services across Gloucestershire.

#### a. Outpatient Follow Up

The 22/23 Operational Plan guidance seeks to reduce outpatient follow-ups by 25% against 2019/20 activity levels by March 2023. The outpatient transformation programme will support recovery however we are not expecting to achieve the 25% reduction in follow ups within all specialties. It is proposed that some released capacity will be directed towards priority patients who are current delayed for their follow up appointment rather than used for other capacity.

#### b. Diagnostic Activity

There is a national expectation to increase diagnostic activity to 120% of pre-pandemic levels across 2022/23. Whilst we anticipate achieving 120% across modalities (in month) by Q4 22/23, we do not anticipate achieving this across the year. There is also a risk that additional capacity created in some modalities (including MRI) may exceed demand.

#### c. Urgent and Emergency Care

As the only ICS within the South West region to quantify our intentions to reduce both long waits in our Emergency Department and ambulance handover delays, we remain ambitious in our transformation of urgent and emergency care within our system. Implementation of our urgent & emergency care plans are a top priority for the system and will be closely monitored. Urgent care pressures on system capacity remain a risk to achieving across multiple aspects of our plan.

#### d. Mental Health

Our Mental Health trajectories seek to reflect the ambition of the system to recover performance against national standards whilst at the same time acknowledging the significant challenges we are facing. Our Mental Health services have seen a surge in demand, coupled with recruitment challenges, which has required a prioritisation of both investment and recruitment to acute and urgent services. We therefore face a challenge delivering national expectation across some mental health service areas.

#### e. Financial balance, Savings & Elective Recovery

Delivering a financially balanced plan relies on achievement of Elective activity to 104% of 19/20 levels. There is a risk that under-delivery of elective recovery due to urgent care or workforce pressures would result in failure to reach financial balance. The financial plan also requires the system to deliver increased productivity and efficiency across the full range of services.

### 4. Next Steps

Following the 20<sup>th</sup> June 2022 submission of the One Gloucestershire 22/23 Operational Plan, the focus will now move to delivery to ensure safe and efficient care is achieved throughout 22/23.

### 5. Recommendations

The ICB is asked to accept the 20<sup>th</sup> June 2022 submission of the One Gloucestershire 22/23 Operational Plan as our approach to restore our health and care services for the population of Gloucestershire.

**Agenda Item 13a**

**ICB Board**

**1 July 2022**

<b>Report Title</b>	<b>2022/23 ICB Budget</b>			
<b>Purpose (X)</b>	<b>For Information</b>		<b>For Discussion</b>	<b>For Decision</b>
				<b>X</b>
<b>Route to this meeting</b>	The budget has been developed within the predecessor organisation, Gloucestershire CCG along with System Partners.			
	<b>ICB Internal</b>	<b>Date</b>	<b>System Partner</b>	<b>Date</b>
	ICB CEO ICB Executives	Mar 2022, May 2022	ICS Executives ICS Board	Mar 22 through to Jun 22
<b>Executive Summary</b>	This paper outlines the 2022/23 ICB budget for approval			
<b>Key Issues to note</b>	<p>The ICB budget covers nine months of 2022/23, the first three months of 2022/23 relate to the predecessor organisation, Gloucestershire CCG. The budget shows the split between the two periods and the total for the year. The budget for Gloucestershire ICB and System Partners, Gloucestershire Health Care NHSFT and Gloucestershire Hospitals NHSFT is breakeven, and this has been developed jointly through working together.</p> <p>Operational plans for 2023/24 and 2024/25 will be developed over the winter and autumn alongside the longer-term planning. A key element of these will be the measures adopted to improve the underlying deficit financial position for the system and overall financial sustainability for the system.</p>			
<b>Key Risks:</b>	<p>The Gloucestershire NHS System has worked jointly to develop a budget focusing on the overall position rather than individual organisational positions within this, thus enabling the focus to be on improving the System position. Key risks are:</p> <ul style="list-style-type: none"> <li>• Delivery of the savings and efficiency programme within Gloucestershire</li> <li>• Achievement of the planned level of elective recovery</li> <li>• Inflation exceeding planned levels</li> <li>• Demand growth exceeding planned levels</li> </ul> <p>The System is monitoring the system savings schedule and elective recovery to ensure delivery. A Financial Improvement Plan is in development for the system</p>			
<b>Original Risk (CxL)</b>	4 x 5 = 20			
<b>Residual Risk (CxL)</b>	4 x 4 = 16			

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<b>Management of Conflicts of Interest</b>	System meetings involve a declaration of conflicts of interest in each meeting		
<b>Resource Impact (X)</b>	<b>Financial</b>	x	<b>Information Management &amp; Technology</b>
	<b>Human Resource</b>		<b>Buildings</b>
<b>Financial Impact</b>	The paper outlines the financial impact for the ICB and the sets a breakeven budget for the ICB within the context of an overall balanced system financial plan.		
<b>Regulatory and Legal Issues (including NHS Constitution)</b>	ICBs have a duty to break even on their commissioning budget for both revenue and capital. Gloucestershire is required not to exceed the cash limit set by NHS England, which restricts the amount of cash drawings that the ICB can make in the financial year. The ICB must also comply with relevant accounting standards		
<b>Impact on Health Inequalities</b>	No health inequalities issues arise directly from this report		
<b>Impact on Equality and Diversity</b>	There are no specific equality and diversity implications contained within this report		
<b>Impact on Sustainable Development</b>	There are no direct sustainability implications contained within this report		
<b>Patient and Public Involvement</b>	No issues arise directly from this report		
<b>Recommendation</b>	<p>The Board is requested to:</p> <ul style="list-style-type: none"> <li>• Approve the updated 2022/23 budget</li> <li>• Support the measures required to deliver the budget and improve the overall financial sustainability of the System</li> <li>• Note the inherent risks within the plan</li> </ul>		
<b>Author</b>	Cath Leech	<b>Role Title</b>	Chief Finance Officer
<b>Sponsoring Director (if not author)</b>	.		

<b>Glossary of Terms</b>	<b>Explanation or clarification of abbreviations used in the paper</b>
ICS	Integrated Care System
ICB	Integrated Care Board
GHC	Gloucestershire Health & Care Foundation Trust
GHFT	Gloucestershire Hospitals NHS Foundation Trust
GCC	Gloucestershire County Council
VCSE	Voluntary, Community and Social Enterprise

## 2022/23 ICB Budget

<b>1.0</b>	<b>Introduction</b>
	<p>This paper outlines the updated 2022/23 budget for the ICB.</p> <p>The Gloucestershire NHS System has worked jointly to develop a budget focusing on the overall position rather than individual organisational positions within this; thus, enabling the focus to be on improving the bottom-line position. The Gloucestershire System budget is breakeven and each organisation within the system has a breakeven budget.</p> <p>The updated interim 2022/23 budget is at Appendix 1; this shows the split between the initial three-month period when the CCG was in existence, the nine months for the ICB and the total for the financial year.</p>
<b>2.0</b>	<b>Resources</b>
	<p>The System has been issued with allocations for the full year of 2022/23 and these are shown at Appendix 2.</p> <p>Funding for expenditure outside system envelopes is confirmed for some areas of spend, such as vaccinations and testing. There will not be any additional funding to support a revised Hospital Discharge Programme, and this represents a significant area of risk for the system.</p> <p>A number of allocations are non-recurrent such as the covid allocation, the system will need to make plans during the year to reduce expenditure associated with these allocations or reduce spend in other areas where expenditure cannot be reduced in order to ensure it does not worsen the underlying financial position.</p>
<b>3.0</b>	<b>Expenditure</b>
	<p>The budget has been developed from the 2021/22 underlying recurrent position.</p>

	<p>The 2022/23 final national tariff has the following uplift and efficiency factors, these have been included on all relevant contracts:</p> <ul style="list-style-type: none"> <li>- inflation uplifts of 2.8%</li> <li>- cash releasing efficiency savings of -1.1%</li> </ul>
<p><b>3.1</b></p>	<p><b>Pre-Commitments, Investments and Cost Pressures</b></p> <p>These fall into the following categories:</p> <ul style="list-style-type: none"> <li>• investments signed off by Priorities Committee in 21/22 where there was a part year effect in 21/22, the fully year effect is included. These total £3.002m, funding for these schemes has been included in system budgets.</li> <li>• cost pressures that have arisen in year</li> <li>• Mental Health Investment Standard investment</li> <li>• nationally mandated uplift on the Better Care Fund (BCF) of 5.66% for 2022/23, an increase of 0.66% from the March position. The proposals will be reviewed by Joint Commissioning Partnership Executive in forthcoming months.</li> <li>• pre commitments resulting from the primary care estates strategy.</li> </ul>
<p><b>3.2</b></p>	<p><b>Elective Recovery Funding</b></p> <p>Each system has been allocated elective recovery funding within its initial planning totals (Gloucestershire non specialist funding is £19,257k in 2022/23). If elective activity of 104% 2019/20 levels is achieved, then this allocation will be retained. However, where elective activity for the commissioner either falls below or exceeds the 104% target, a deduction or increase to the system allocation will be made, calculated at 75% of full tariff.</p> <p>The current system plan is based on achievement of the 104% target and therefore full elective recovery funding, the plan is based on a contribution from elective recovery funding of £15m to the overall system financial position. If elective performance drops below the 104% the system financial position will worsen.</p>
<p><b>4.0</b></p>	<p><b>Productivity and Efficiency Requirements</b></p> <p>The ICB's interim budget includes an efficiency programme covering medicines management, Continuing Health Care &amp; placements, 1.1%</p>



	<p>efficiencies within other contracts and other measures – already identified through budget reductions.</p> <p>The System as a whole has a stretching efficiency target which totals £36.8m. Some of the plans are non-recurrent and equivalent recurrent schemes will need to be implemented in year to substitute to ensure the underlying financial position is not worsened in year. There is now one savings and efficiencies plan across Gloucestershire and monitoring arrangements are in place to enable us to understand the risks associated with the plan and jointly manage the implications when plans are not delivering as anticipated.</p> <p>2022/23 represents a year in which the NHS has to move back towards pre pandemic levels of productivity and where Systems are consuming more than their share of resources identify ways to reduce this and live within their means.</p>
<p><b>5.0</b></p>	<p><b>Reserves</b></p> <p>Reserve balances relate to approved commitments which have been approved in either this or a previous financial year.</p> <p>Any investments, where an approved business case or contract variation has yet to be signed off, will be held in reserves until approval and additional spend is incurred.</p> <p>Additional measures need to be considered in year to generate extra savings to increase the ICB’s contingency reserve.</p>
<p><b>6.0</b></p>	<p><b>Risk Management</b></p> <p>Work on the financial risk management across the system is in progress and will be finalised as part of the System Financial Framework.</p> <p>In year risk management measures will include</p> <ul style="list-style-type: none"> <li>- use of additional allocations in year</li> <li>- the use of non-recurrent slippage in year</li> <li>- other non-recurrent measures</li> </ul>

	<p>Key risks and mitigating actions are shown in Appendix 4. In addition to this. In order to manage in year financial risks, the following actions were agreed by the CCG Governing Body:</p> <ul style="list-style-type: none"> <li>- Developments funded which are not unavoidably committed will be retained within reserves. Release of developments will be subject to a business case sign off. Non recurrent slippage will be retained to support the overall system financial position</li> <li>- All additional allocations/successful bids will be reviewed by Executive teams in advance of any commitment to test whether a contribution to the financial position can be identified.</li> <li>- No controllable expenditure will be committed if there is no identified funding source unless the risk of not proceeding is deemed to be too significant.</li> <li>- Underspends will be removed from budgets periodically throughout the year on a recurrent or non-recurrent basis, depending on the situation, in year following discussion with the relevant Director.</li> <li>- The first call on any budgets released whether recurrently or non-recurrently will be to reduce the system deficit</li> </ul>
<p><b>7.0</b></p>	<p><b>Next Steps</b></p> <p>The System is currently finalising a Financial Improvement Programme, the approach is outlined below.</p> <ol style="list-style-type: none"> <li>1. Ensure that budgets and efficiency programmes included in the plan for the are robust and deliverable</li> <li>2. Develop system wide scheme which can mitigate risk within the interim budget</li> <li>3. Develop system wide schemes that will move the system to financial sustainability on a recurrent basis.</li> </ol> <p>Operational plans for 2023/24 and 2024/25 will be developed over the winter and autumn alongside the longer-term planning. A key element of these will be the measures adopted to improve the underlying deficit financial position for the system and overall financial sustainability for the system.</p>
<p><b>8.0</b></p>	<p><b>Capital</b></p>

	<p>The System capital allocation is shown at Appendix 5 with the split between organisations. The ICB capital allocation relates to primary care and plans cover expenditure on primary care IT and improvement grants.</p>
<p><b>9.0</b></p>	<p><b>Recommendation</b></p> <p>The Board is asked to:</p> <ul style="list-style-type: none"> <li>• Approve the 2022/23 budget noting that this will be updated in June</li> <li>• Support the measures required to deliver the interim budget and improve the overall financial sustainability of the System and ICB</li> <li>• Note the inherent risks within the plan</li> </ul>
	<p><b>Appendices</b></p> <ul style="list-style-type: none"> <li>• Appendix 1 – 2022/23 Budget</li> <li>• Appendix 2 – Allocations</li> <li>• Appendix 3 – Efficiencies &amp; savings plan</li> <li>• Appendix 4 – Risk Management</li> <li>• Appendix 5 – 2022/23 Capital Plan</li> </ul>

## Gloucestershire ICB - Budget

## Appendix 1

Allocation Description	3 month Budget	9 month Budget	Total
	£'000	£'000	£'000
<b>Total Allocations</b>	<b>287,938</b>	<b>863,814</b>	<b>1,151,752</b>
<b>Expenditure</b>			
Acute & Ambulance Healthcare Services	137,788	413,364	551,152
Community Health Services	31,200	93,601	124,801
Continuing Health Care	17,969	53,906	71,875
Mental Health Services	28,408	85,223	113,631
Primary Health Care Services including delegated primary care	34,765	104,294	139,059
Prescribing	25,344	76,031	101,375
Other Health Care Services	9,446	28,342	37,788
Running Costs	3,018	9,053	12,071
<b>Total Expenditure</b>	<b>287,938</b>	<b>863,814</b>	<b>1,151,752</b>
<b>Total Allocation</b>	<b>0</b>	<b>0</b>	<b>0</b>

Expenditure analysis			
Gloucestershire Hospitals NHSFT	109,756	329,268	439,024
Gloucestershire Health & Care NHSFT	54,508	163,525	218,033
Primary Health Care Services including delegated primary care	34,765	104,294	139,059
ICB	63,565	190,696	254,261
	25,344	76,031	101,375
<b>Total Expenditure</b>	<b>287,938</b>	<b>863,814</b>	<b>1,151,752</b>

## Gloucestershire ICB - Allocations

## Appendix 2

<b>Allocation Description</b>	<b>3 months</b>	<b>9 months</b>	<b>Total</b>
	£'000	£'000	£'000
Programme Allocation	241,388	724,165	965,553
Elective Recovery Fund (indicative)	4,814	14,443	19,257
COVID-19 funding	4,672	14,015	18,687
Service Delivery Funding	4,698	14,094	18,792
Primary care delegated allocation	25,788	77,362	103,150
Running Cost Allocation	3,018	9,053	12,071
ICB Programme Allocation – Additional Funding	3,561	10,681	14,242
<b>Total Allocation</b>	<b>287,939</b>	<b>863,813</b>	<b>1,151,752</b>

## Efficiencies &amp; Savings Plans

## Appendix 3

	<b>GHC £'000</b>	<b>GHFT £'000</b>	<b>CCG £'000</b>	<b>Total £'000</b>
Recurrent schemes	6,416	14,251	9,819	30,486
Non Recurrent savings	133	269	1,278	1,680
<b>Total Efficiencies (excl Covid spend reductions)</b>	<b>6,549</b>	<b>14,520</b>	<b>11,097</b>	<b>32,166</b>
Covid spend reduction plans	160	4,518	0	4,678
<b>Total efficiency (incl Covid savings)</b>	<b>6,709</b>	<b>19,038</b>	<b>11,097</b>	<b>36,844</b>

## APPENDIX 4

**Gloucestershire ICB**  
**2022/23 Risk Management**

Risk	Mitigating Action
Risk of Non-achievement of 104% value weighted activity & 110% completed pathways leading to a reduction in the elective recovery funding received by the system which would impact the system financial position (elective recovery funding contributes to the system financial position)	Independent sector provider contracts for 22/23 have been developed with indicative activity plans of c110%. GHFT plans include a range of actions to enable them to deliver their contribution to the overall system achievement of 104% elective recovery. Monitoring of plans via the elective recovery board.
Demand growth exceeds planned levels in budgets such as Continuing Health Care, prescribing	Monthly enhanced monitoring in place. Working groups implement plans to improve efficiency and gain greater value.
Increases in costs across the system may be above those assumed for planning -Utilities & fuel, both for Glos NHS and also other providers including care market m -Wage inflation, both in the NHS and also in the care market	Monthly monitoring of contracts across the system to assess financial impact as contracts are renewed and reprocured to ensure early sight of cost pressures in order to put actions in place to mitigate.
Non achievement of the required level of savings through slippage in implementation or benefits not being realised as anticipated:	Close review of resources allocated to each project to ensure sufficient to ensure robust implementation and delivery, enhanced monitoring of the project to ensure timely warning of slippage or benefit realisation differing to the forecast project. System wide savings plan in place and system overview of all
Handover delays continue to increase and performance improvements are required for Cat 2 calls, may be costs associated with measures to address above current cost base	Urgent care programme of work in development by the system to improve flow throughout the whole hospital including a reduction in handover delays. Programme sponsored by CEOs

**Mitigating Actions Covering all risks:**

Non release of development funds unless key to delivering service change or contractually committed, until planned financial targets are forecast to be delivered with a reasonable degree of confidence.

Ongoing work on identification of areas where greater value can be obtained

Increased financial management awareness throughout the organisation, other organisations and member practices

## Gloucestershire ICB Capital Allocation 2022/23

## Appendix 5

	<b>Total</b>
	£'000
Capital Allocation - Primary care	1,106
Capital Allocation - System CDEL	42,630
<b>Total System Capital Allocation *</b>	<b>43,736</b>
<b>Capital Expenditure</b>	
Gloucestershire ICB - Primary Care	1,106
Gloucestershire Hospitals NHSFT	25,014
Gloucestershire Health & Care NHSFT	17,616
<b>Total Expenditure</b>	<b>43,736</b>
<b>Total Allocation</b>	<b>0</b>

\* this represents the the System provider Trusts capital allocation, other capital allocations will be received by the System for specific bids or funded by other sources such as disposal of assets

<b>Primary Care</b>	<b>Total</b>
	£'000
Capital Allocation - Primary care	1,106
<b>Capital Expenditure</b>	
Replacement of IT hardware	923
WAN/Hardware replacements and deployment of cyber tools	33
Minor Improvement Grants	150
<b>Total Expenditure</b>	<b>1,106</b>
<b>Total Allocation</b>	<b>0</b>