Paper M
Appendix 1

Leicester, Leicestershire and Rutland
Integrated Care Board

Governance Handbook

Reference number:	LLR ICB CORP/007
Title:	LLR ICB Governance Handbook
Version number:	Version 2
Approved by:	NHS LLR Integrated Care Board
Approved date:	XX 2023
Date Issued:	XX
Review Date:	May 2024
Document Author:	Daljit Bains, Head of Corporate Governance
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Version Control

Version number	Approval / Amendments made	Date (Month / Year)
Version 1	Governance Handbook compiled for the LLR Integrated Care Board (ICB) incorporating the relevant documents as approved by the ICB. Aimed at ICB staff and board members.	July 2022
Version 2	Updated by the Head of Corporate Governance to include amended Constitution, updated Committee terms of reference and associated delegations which are also reflected within the Scheme of Reservation and Delegation. Approved by the ICB Board on XX	May 2023

DOCUMENT STATUS:
This is a controlled document. Whilst this document may be printed, the electronic version posted on the shared drive/intranet is the controlled copy. Any printed copies of the document are not controlled.

RELATED DOCUMENTS:
This document will reference additional policies and procedures which will provide additional information

Contents

Purpose and Introduction

1. The purpose of this document is to bring together a range of corporate statutory documents in one place and is described as the "Governance Handbook" for NHS Leicester, Leicestershire and Rutland Integrated Care Board (hereafter "the ICB" or "LLR ICB"). This document is designed to provide easy access to governance information and support ICB employees, executive members and Board members to navigate through our governance arrangements.

2. Effective governance enables clarity about decisions that have been made, by whom, when and why; transparent accountability; provides clear escalation routes for staff to safely report risks and concerns; and promotes values and behaviours we can embrace as an organisation. This Governance Handbook may also be of interest to members of the public and therefore this document will be published on the ICB's public website at https://leicesterleicestershireandrutland.icb.nhs.uk/ .

3. The content of the Governance Handbook includes LLR ICB's Constitution and Standing Orders, the Functions and Decisions Map, the Scheme of Reservation and Delegation, the Standing Financial Instructions and other key information. The Governance Handbook will be updated regularly in line with legislation and any other organisational changes that may occur. Where there are any changes to the Constitution and Standing Orders these shall be endorsed by NHS England.

Principles of Good Governance

4. Corporate governance is the means by which the Board of the ICB lead and direct the organisation, so decision making is effective.

5. The Board will ensure that it complies with the full range of regulations and legislation to ensure the ICB is governed appropriately. Whether it is statutory requirements or NHS guidance, the ICB is legally accountable for meeting these obligations acting in the best interests of the organisation, patients, their carers and the wider community.

6. The ICB advocates adherence with the *Good Governance Standard for Public Services* as the guidance for best practice. It builds on the Nolan Principles for the conduct of individuals in public life, by setting out six core principles of good governance for public service organisations as illustrated below.

7. The 'Nolan Principles' set out the ways in which holders of public office should behave in discharging their duties. The seven principles are:

    a) **Selflessness** – Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.

    b) **Integrity** – Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

    c) **Objectivity** – In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

d) **Accountability** – Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

e) **Openness** – Holders of public office should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

f) **Honesty** – Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

g) **Leadership** – Holders of public office should promote and support these principles by leadership and example.

Source: *The First Report of the Committee on Standards in Public Life* (1995)

LLR ICB values

The LLR ICB's values as set out below help to guide our decision-making.

Figure 1: LLR ICB values

Decision Making: the governance structure

Role of the ICB

8. The LLR 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.

~~9.~~ The LLR ICB is a statutory body responsible for the commissioning of healthcare services across the Leicester, Leicestershire and Rutland Integrated Care System area, bringing the NHS together locally to improve population health and care. ~~It replaced NHS East~~

~~Leicestershire and Rutland Clinical Commissioning Group, NHS Leicester City Clinical Commissioning Group and NHS West Leicestershire Clinical Commissioning Group. The statutory functions of these organisations transferred to the LLR ICB.~~

10. The LLR ICB forms part of the LLR Integrated Care System, a partnership involving the local NHS, Local Government organisations, the third sector and other relevant bodies with an active interest in the health, care and wellbeing of the residents of Leicester, Leicestershire and Rutland. Together they will collaborate to address health and care inequalities, enhance integrated working, ensure optimal use of available resources and contribute to broader societal priorities.

11. The LLR ICB is specifically responsible for a range of planning, commissioning, financial and oversight functions which will be discharged with the aims of improving the health of the local population and ensuring the efficient and effective delivery of NHS services.

The Constitution and Standing Orders

12. The ICB is responsible for determining the governing arrangements for organisation, which it is required to set out in a Constitution. The LLR ICB's Constitution sets out the arrangements made to meet responsibilities for commissioning health and care services. It 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 that decisions are taken in an open and transparent way and that the interests of the local population remain central to what the ICB does. The LLR ICB Constitution and Standing Orders are as at Appendix A.

13. The ICB's Standing Orders set out the statutory framework and status upon which the ICB should carry out its business, the composition of the Membership, key roles and appointment process, calling meetings of the ICB and how these are managed through clear internal control processes, appointments of Committees and sub-groups, duty to report non-compliance with Standing Orders and delegated financial authority limits, use of seal and authorisation documents and overlap with other organisational policy statements/procedures and regulations. The Standing Orders are detailed in Appendix 2 of the LLR ICB's Constitution.

ICB Board Composition

14. The membership of the ICB Board shall meet as a unitary board and shall be collectively accountable for the performance of the ICB's functions. Further details on the composition of the ICB Board can be found in the LLR ICB's Constitution at Appendix A.

15. The board membership is made up of the following 19 members:

- Chair
- Chief Executive Officer
- Six Partner Members:
    - One Acute Trust sector (Executive level) representative
    - One Community / mental health sector (Executive level) representative
    - One Primary Care Provider Representative
    - Three Executive level members from local authority to provide sectoral perspective on adult and children's social care, and public health.
- Four independent Non-Executive Members (one of whom will be the Deputy Chair)
    - Non-Executive Member – Audit Committee Chair

    - Non-Executive Member – Health Inequalities, Public Engagement, Third Sector and Carers
    - Non-Executive Member – People and Remuneration
    - Non-Executive Member – Quality, Safety and Transformation
- Chief Finance Officer
- Chief Medical Officer
- Chief Nursing Officer
- Chief Strategy Officer
- Chief Operating Officer
- Chief People Officer
- Clinical Executive Lead

16. Further detail on the ICB Board Members can be found on the ICB website at the following: https://leicesterleicestershireandrutland.icb.nhs.uk/about/board-members/

17. In addition to the Board membership, the Board will invite specific individuals to be Participants at its meetings in order to inform its decision making and the discharge of its functions, these are named in the ICB Constitution.

Scheme of Reservation and Delegation

18. The ICB's Scheme of Reservation and Delegation (SoRD) (as at Appendix B) sets out clearly which functions and powers of the ICB are:

    a. reserved to the board itself, so that only the Board may make those decisions
    b. delegated to individuals (Board members and officers /employees)
    c. delegated to committees and sub-committees / sub-groups of the organisation that have been established by the Board
    d. delegated to other statutory bodies using the Board's legal powers (section 65z5 and 65z6 of the 2006 Act) to delegate functions to another organisation or to a joint committee with another organisation
    e. any functions that have been delegated to the ICB by other bodies, e.g. NHS England's functions relating to the commissioning of primary care services.

19. The SORD should be read in conjunction with the Functions and Decisions Map (as described below) and also in conjunction with the Operational Scheme of Delegation and Detailed Financial Policies which is within the remit of the ICB Chief Executive.

Functions and decisions map

20. The functions and decisions map is a visual representation at a high-level setting out where key decisions are delegated and taken by which part(s) of the system and specifically in relation to the internal governance arrangements for the ICB. The functions and decisions map is appended to this Governance Handbook at Appendix C.

21. The LLR ICB's governance structure sets out the statutory and locally determined committees that exercise functions on behalf of the ICB Board. NHS England requires each ICB to have the following statutory committees: an Audit Committee, and a Remuneration Committee. In addition, LLR ICB has established a number of other committees to assist it with the discharge of its functions.

22. The Committees are required to operate within the remit set out within their respective terms of reference and the Scheme of Reservation and Delegation approved by the Board. All committee terms of reference are appended to this Governance Handbook.

Standing Financial Instructions (SFIs)

23. The purpose of this governance document 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 identify the financial responsibilities which apply to everyone working for the ICB. They do not provide detailed procedural advise and should be read in conjunction with the Operational Scheme of Delegation and Detailed Financial Policies, and financial procedure notes. All financial procedures must be approved by the Chief Finance Officer. The SFIs can be found at Appendix D.

Detailed Financial Policies and Operational Scheme of Delegations

24. The detailed financial policies and operational scheme of delegations underpin the SFIs and the SORD respectively and should be adhered to by all staff. This document sets out the lowest level to which authority is delegated. All items concerning finance must be carried out in accordance with the SFIs and Standing Orders. All financial limits in this document are subject to sufficient budget being available. The Operational Scheme of Delegation and Detailed Financial Policies can be found at Appendix E.

Committees and Groups of the ICB

25. The following are committees established by the ICB and the terms of reference for each is appended to this Handbook:

    a. Audit Committee (terms of reference as at Appendix F)
    b. Remuneration Committee (terms of reference as at Appendix G)
    c. System Executive Committee (terms of reference as at Appendix H)
    d. Finance Committee (terms of reference as at Appendix I)
    e. Quality and Safety Committee (terms of reference as at Appendix J)
    f. Health Equity Committee (terms of reference as at Appendix K)
    g. Joint Committee of the East Midlands Integrated Care Boards (terms of reference as at Appendix L)

Meetings

26. The functions and decisions map provides an overarching visual representation of the governance architecture and corporate meetings as at Appendix C. The schedule of meeting dates and frequency of meetings is available and held by the Corporate Governance Team.

Standards of Business Conduct and Conflicts of Interest

27. Employees, members, committee and sub-committee / sub-group members of the ICB and its committees will at all times comply with the Constitution and Standing Orders and be aware of their responsibilities as outlined in it. They should act in good faith and in the interests of the ICB and should follow the *Seven Principles of Public Life*; set out by the Committee on Standards in Public Life (the Nolan Principles).

28. They must comply with the ICB's policy on standards of business conduct and declaration of interest, including the requirements set out in the policy for managing conflicts of interest. The Register of Interests detailing the declarations made by the Board members and the actions taken to manage the conflicts are detailed within the Register of Interests published on the ICB website https://leicesterleicestershireandrutland.icb.nhs.uk/ The

Conflicts of Interest Policy (which incorporates standards of business conduct) will also be available on the ICB's website.

Eligible Providers of Primary Medical Services across LLR

29. The ICB Governance Handbook is required to include an up-to-date list of eligible providers of primary medical services in line with the ICB Constitution. This list is included at Appendix M to this Handbook.

Appendices

Appendix A – The Constitution and Standing Orders

Leicester, Leicestershire and Rutland
Integrated Care Board

NHS Leicester, Leicestershire and Rutland Integrated Care Board

CONSTITUTION

Version	Date approved by the ICB	Effective date
V1.0	Approved by NHS England	1st July 2022
V2.0	Mandated amendments made as approved by NHS England, ratified by the LLR ICB on 13 October 2022.	13th October 2022
V3.0	Amended Board composition in April 2023 to include two additional executive members.	May 2023

CONTENTS

1. Introduction

1.1 Background/ Foreword

NHS England 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.

1.2 Name

1.2.1 The name of this Integrated Care Board is NHS Leicester, Leicestershire and Rutland ("the ICB").

1.3 Area Covered by the Integrated Care Board

1.3.1 The area covered by the ICB is Leicester, Leicestershire and Rutland with the following districts:

a) Blaby District
b) Charnwood Borough
c) Harborough District
d) Hinckley and Bosworth Borough
e) Leicester City District
f) Melton Borough
g) North West Leicestershire District
h) Oadby and Wigston Borough
i) Rutland District

1.3.2 The ICB will replace NHS East Leicestershire and Rutland Clinical Commissioning Group, NHS Leicester City Clinical Commissioning Group and NHS West Leicestershire Clinical Commissioning Group. The statutory functions of these organisation will transfer to the ICB

1.3.3 The ICB will be part of the Leicester, Leicestershire and Rutland Integrated Care System, a partnership involving the local NHS, Local Government organisations, the third sector and other relevant bodies with an active interest in the health, care and wellbeing of the residents of Leicester,

Leicestershire and Rutland. Together they will collaborate to address health and care inequalities, enhance integrated working, ensure optimal use of available resources and contribute to broader societal priorities.

1.3.4 The ICB will be specifically responsible for a range of planning, commissioning, financial and oversight functions which will be discharged with the aims of improving the health of the local population and ensuring the efficient and effective delivery of NHS services

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 www.leicesterleicestershireandrutland.icb.nhs.uk .

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 to 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);

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); and
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 14Z45 (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 14Z58 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).

1.5 Status of this Constitution

1.5.1 The ICB was established on 1 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;

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 is as follows:

a) The ICB Executive Management Team may propose amendments to the Constitution for consideration by the board subject to appropriate engagement process(es). The board will review and consider the proposals and subsequently will propose a variation to the Constitution and make an application to NHS England.

b) 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 processes 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 (e.g. 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 of 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 of those organisations in accordance with section 65Z6 of the 2006 Act.
- The up-to-date list of eligible providers of primary medical services under clause 3.6.2.
- Handbook may also include other documents relating to the ICB more generally.

e) **Key policy documents** which should also be included in the Governance Handbook or linked to it, including:

- Standards of Business Conduct Policy
- Conflicts of interest policy and procedures
- Policy for public involvement and engagement.

2. Composition of the Board of the ICB

2.1 Background

2.1.1 This part of the Constitution describes the membership of the Integrated Care Board. Further information about the criteria for the roles and how they are appointed is in section 3.

2.1.2 Further information about the individuals who fulfil these roles can be found on our website www.leicesterleicestershireandrutland.icb.nhs.uk .

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:

- Director of Finance
- Medical Director
- Director of Nursing

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 areas coincide with or include 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 six Partner Members.

a) Acute Trust sector (Executive level) representative
b) Community / mental health sector (Executive level) representative
c) Primary Care Provider Representative
d) Three Executive level members from local authority to provide sectoral perspective on adult and children's social care, and public health

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

a) ICB Director of Strategy
b) Non-Executive Member – Audit Committee Chair
c) Non-Executive Member – Health Inequalities, Public Engagement, Third Sector and Carers
d) Non-Executive Member – People and Remuneration
e) Non-Executive Member – Quality, Safety and Transformation
f) Clinical Executive Lead

2.2.3 The board is therefore composed of the following members:

a) Chair
b) Chief Executive
c) Two Partner member(s) NHS and Foundation Trusts
d) One Partner member(s) Primary medical services
e) Three Partner member(s) Local Authorities
f) Four Non executive members
g) Chief Finance Officer
h) Chief Medical Officer
i) Chief Nursing Officer
j) Chief Strategy Officer
k) Chief Operating Officer
l) Chief People Officer
m) Clinical Executive Lead

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 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 Participant will receive advance 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, address the meeting and fully participate in the meeting but may not vote.

a) Representative from Healthwatch Leicester and Leicestershire (non-voting)
b) Representative from Healthwatch Rutland (non-voting)
c) Representative from the Ambulance Trust (non-voting)
~~d) ICB Director of Transformation (non-voting)~~
~~e) ICB Director of People (non-voting)~~

2.3.3 Observers will receive advance 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.

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.

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, Part 13 of the Bankruptcy (Scotland) Act 2016 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 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.

3.3.3 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 three years and the total number of terms a Chair may serve is three terms.

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
b) Meets the requirements as set out in the Chief Executive Person Specification

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.

3.5 Partner Members - NHS Trusts and Foundation Trusts

3.5.1 These Partner Member(s) 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.

a) University of Hospitals of Leicester NHS Trust
b) Leicestershire Partnership NHS Trust
c) East Midlands Ambulance Service

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 specific knowledge, skills and experience of the provision of acute services, and.

c) The other member shall have specific knowledge, skills and experience of the provision of community and mental health services. This member may also fulfil the requirements of an Ordinary Member with knowledge and experience of service relating to the prevention, diagnosis and treatment of mental illness.

3.5.3 Individuals will not be eligible if

a) Any of the disqualification criteria set out in 3.2 apply
b) A conflict of interest is evident, as determined by the Chair or an ICB Board appointment panel, which results in the individual being unable to fulfil the role

3.5.4 These members will be appointed by a panel subject to the approval of the ICB 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. will be invited to make one nomination.
- The nomination of an individual must be seconded by one other eligible organisations.
- Eligible organisations may nominate individuals from their own organisation or another organisation listed at 3.5.1
- 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 10 working days being deemed to constitute agreement. If they do agree, the list will be put forward to step b) below. If they do not, 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 by a panel convened by the Chief Executive.
- 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 3.5.2 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).

d) The Chair of the ICB will report the appointed Partner Member(s) to the next meeting of the ICB board.

e) Any re-appointment including at the end of a term will follow the process as described in section 3.5.5 a) to d).

f) A Trust Executive paid for a full-time role by their Trust should not expect to be paid again by the ICB.

3.5.6 The term of office for these Partner Members will be three years and there will be a re-appointment process which will commence before the term comes to an end.

3.6 Partner Member - Providers of Primary Medical Services.

3.6.1 This Partner Member(s) is jointly nominated by providers of primary medical services for the purposes of the health service within 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) Be a registered General Practitioner (registered with the General Medical Council).

b) Be a current provider of general medical services, working in a primary care setting in the ICB area.

c) Have experience of leadership role(s) in primary care.

3.6.4 Individuals will not be eligible if:

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

b) A conflict of interest is evident, as determined by the Chair or an ICB Board appointment panel, which results in the individual being unable to fulfil the role

3.6.5 This member will be appointed by a panel subject to the approval of the ICB 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 one nomination.

- The nomination of an individual must be seconded by one other eligible organisations.
- Eligible organisations may nominate individuals from their own organisation or another organisation as described at 3.6.1
- 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 10 working days being deemed to constitute agreement. If they do agree, the list will be put forward to step b) below. If they do not, 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 by a panel convened by the Chief Executive.
- 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 3.6.3 and 3.6.4
- 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).

d) The Chair of the ICB will report the appointed Partner Members to the next meeting of the ICB Board.

e) Any re-appointment at the end of a term will follow the process as described in section 3.6.5 a) to d).

f) Legislation may also allow for this Partner Member to be remunerated where relevant or appropriate, as may vary for different members and depending on their circumstances.

3.6.7 The term of office for this Partner Member will be two years and there will be a re-appointment process which will commence before the term comes to an end.

3.7 Partner Member(s) - local authorities

3.7.1 These Partner Member(s) are jointly nominated by the local authorities whose areas coincide with, or include the whole or any part of, the ICB's area. Those local authorities are:

a) Leicester City Council
b) Leicestershire County Council
c) Rutland 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 hold a relevant Executive level role or be an elected member (i.e. councillor) of one of the bodies listed at 3.7.1

b) members will bring experience of Adult Social care, Children's Social Care and Public Health.

3.7.3 Individuals will not be eligible if

a) Any of the disqualification criteria set out in 3.2 apply.
b) A conflict of interest is evident, as determined by the Chair or an ICB Board appointment panel, which results in the individual being unable to fulfil the role

3.7.4 This member will be appointed by a panel subject to the approval of the ICB Chair.

3.7.5 The appointment process will be as follows:

a) Joint Nomination:

- When a vacancy arises, each eligible organisation listed at 3.7.1.a will be invited to make one nomination.
- The nomination of an individual must be seconded by one other eligible organisations.
- Eligible organisations may nominate individuals from their own organisation or another organisation at 3.7.1
- 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 10 working days being deemed to constitute agreement. If they do agree, the list will be put forward to step b) below. If they do not, 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 by a panel convened by the Chief Executive
- 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 3.7.2 and 3.7.3
- 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).

d) The Chair of the ICB will report the appointed Partner Member(s) to the next meeting of the ICB Board.

e) Any re-appointment at the end of a term will follow the process as described in section 3.7.5 a) to d).

f) A Local Authority Executive paid for full-time role by their Local Authority should not be paid again by the ICB.

3.7.6 The term of office for this Partner Member will be three years and there will be a re-appointment process which will commence before the term comes to an end.

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 19(4)(b) of Schedule 1B to the 2006 Act
b) Be a registered Medical Practitioner
c) Meets the requirements as set out in the Chief Medical Officer role description and person specification.

3.8.2 Individuals will not be eligible if:

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

3.8.3 This member will be appointed by the ICB 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 19(4)(b) of Schedule 1B to the 2006 Act
b) Be a registered Nurse.
c) Meets the requirements as set out in the Chief Nursing Officer role description and person specification.

3.9.2 Individuals will not be eligible if:

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

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

3.10 Chief Finance 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) Be a qualified accountant (CCAB) with full membership and evidence of up-to-date continuing professional development

c) Meets the requirements as set out in the Chief Finance Officer role description and person specification.

3.10.2 Individuals will not be eligible if:

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

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

3.11 Four Non-Executive Members

3.11.1 The ICB will appoint four Non-Executive Members

3.11.2 These members will be appointed by a panel and approved by ICB 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) third member should have knowledge, skills and experience in quality, safety and performance;
f) the fourth member should have knowledge, skills and experience in health inequalities and public engagement.

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) A conflict of interest is evident, as determined by the Chair or an ICB Board appointment panel, which results in the individual being unable to fulfil the role.

3.11.5 The term of office for a Non-Executive Member will be three years and the total number of terms an individual may serve is three terms. after which they will no longer be eligible for re-appointment.

3.11.6 Initial appointments to the ICB Board 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. This will allow future appointments to be staggered and support continuity of membership on the Board.

3.11.7 Subject to satisfactory performance assessed through 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 ICB Chief Strategy Officer

3.12.1.1 This member will be appointed by the ICB Chief Executive or an ICB Board appointment panel and approved by the Chair.

3.12.1.2 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 18(4)(b) of Schedule 1B to the 2006 Act

b) Meets the requirements as set out in the ICB Chief Strategy Officer role description and person specification.

3.12.1.3 Individuals will not be eligible if:

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

b) A conflict of interest is evident, as determined by the Chair or an ICB Board appointment panel, which results in the individual being unable to fulfil the role.

3.12.2 Clinical Executive Lead

3.12.2.1 This member will be appointed by the ICB Chair or an ICB Board appointment Panel and approved by the Chair.

3.12.2.2 The appointment process will be as follows:

a) Nomination:

- The ICB will create a role description for the Clinical Executive Lead, which will set out the requirements associated with the role, the expected skills, knowledge and expertise that is necessary, and the term of office.
- The ICB will issue the role description to the Clinical Executive Group together with a timeline for a nomination and selection process.
- The Clinical Executive Group will be invited to make one nomination for the Clinical Executive Lead role. The nomination will be made by the members of the Clinical Executive Group from within its membership.
- The nomination of an individual will be seconded by one other member of the Clinical Executive Group.

b) Assessment, selection and appointment subject to approval of the Chair under c)

- The nomination from the Clinical Executive Group will be considered by a panel convened by the Chief Executive taking into account the ability of the nomination(s) to fulfil the role description; and ensuring they have meet the criteria under 3.1.1 and taking consideration of paragraph 3.2.

- The panel will select a suitable appointment.

c) Chair's approval

- The Chair of the ICB will determine whether to approve the appointment of the most suitable nominee as identified under b).

d) The Chair of the ICB will report the appointed Member to the next meeting of the ICB Board.

e) Any re-appointment including at the end of a term will follow the process as described in section 3.12.4.2 a) to d).

f) Whether this role is remunerated or not will be determined by local policy.

3.12.2.3 Individuals will not be eligible if:

a) Any of the disqualification criteria set out in 3.2 apply
b) A conflict of interest is evident, as determined by the Chair or an ICB Board appointment panel, which results in the individual being unable to fulfil the role.

3.12.3 **ICB Chief Operating Officer**

3.12.3.1 This member will be appointed by the ICB Chief Executive or an ICB Board appointment panel and approved by the Chair.

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

c) 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 18(4)(b) of Schedule 1B to the 2006 Act

d) Meets the requirements as set out in the ICB Chief Operating Officer role description and person specification.

3.12.3.3 Individuals will not be eligible if:

c) Any of the disqualification criteria set out in 3.2 apply

d) A conflict of interest is evident, as determined by the Chair or an ICB Board appointment panel, which results in the individual being unable to fulfil the role.

3.12.4 **ICB Chief People Officer**

3.12.4.1 This member will be appointed by the ICB Chief Executive or an ICB Board appointment panel and approved by the Chair.

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

e) 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 18(4)(b) of Schedule 1B to the 2006 Act

f) Meets the requirements as set out in the ICB Chief People Officer role description and person specification.

3.12.4.3 Individuals will not be eligible if:

e) Any of the disqualification criteria set out in 3.2 apply

f) A conflict of interest is evident, as determined by the Chair or an ICB Board appointment panel, which results in the individual being unable to fulfil the role.

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 a minimum of 75% of the meetings to which they are invited over a six-month period 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 dishonesty; misrepresentation (either knowingly or fraudulently); defamation of any member of the ICB (being slander or libel); abuse of position; non-declaration of a known conflict of interest; seeking to manipulate a decision of the ICB in a manner that would ultimately be in favour of that member whether financially or otherwise.
e) If they are deemed to have failed to uphold the Nolan Principles of Public Life.
f) If they are subject to disciplinary action 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 the ICB website and any guidance issued by NHS England or other relevant body. Remuneration for Chairs will be set by NHS England. Remuneration for non-executive members will be set by the ICB Chair and the Chief Executive.

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

3.14.3 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 [one other] 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.

3.15.5 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;
e) take account, as appropriate, of other documents, advice and guidance issued by relevant authorities, including that issued by NHS England; and
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.

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 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 on the ICB website.

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 in the Governance Handbook.

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:

a) Ensure membership of committees be specified by the Board.
b) Present a summary report highlighting decisions and / or assurances to the Board
c) Ensure compliance with internal audit findings.
d) Undertake annual committee effectiveness reviews.
e) Conduct meetings in line with the Standing Orders.
f) Ensure terms of reference align with the Scheme of Reservation and Delegation.
g) Submit terms of reference for approval by the Board (or by the parent committee for sub-committees where the Board has delegated the power to establish sub-committees).

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 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 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 in the governance handbook.

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.

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 the governance handbook.

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:

- conducting the business of the ICB;
- the procedures to be followed during meetings; and
- 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 forms 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 published on the ICB website.

6. Arrangements for Conflicts 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 are published on the ICB website.

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.

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 and Standards of Business Conduct Policy.

6.1.6 The Integrated Care Board 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 conflicts of interest principles and policies;
d) provide independent advice and judgement 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) To comply with this Constitution
b) To act in good faith and in the interests of the ICB.
c) To adhere to the *Seven Principles of Public Life*, set out by the Committee on Standards in Public Life (i.e. the Nolan Principles).
d) To comply with the ICB policy on standards of business conduct and declaration of interest as set out in the Conflicts of Interest Policy.

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.

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 Conflicts of Interest 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

7.1.1 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 12(2) of Schedule 1B to the 2006 Act.

7.2 Principles

7.2.1 Key principles will be as follows:

a) The ICB will be open and transparent in the way it makes decisions, providing information that is clear and easy to understand.

b) Meetings will be held in public and papers will be published.

c) The ICB will ensure that the voice of the people is heard by involving non-executive members and Healthwatch representatives.

d) The ICB will explain how public views have been sought and the impact and difference this has made.

7.3 Meetings and publications

7.3.1 Board meetings, and committees composed entirely of board members or which included 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:

- Conflicts of interest policy and procedures
- Registers of interests

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:

- sections 14Z34 to 14Z45 (general duties of integrated care boards), and
- sections 223GB and 223N (financial duties).

and

a) proposed steps to implement the Leicester, Leicestershire and Rutland joint local health and wellbeing strategy(ies).

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.

7.4.4 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) Associate Director of People or a HR adviser being in attendance or appointment of independent HR advice to the Remuneration Committee.

b) Head of Corporate Governance.

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.

8.1.6 The duties of the Remuneration Committee include:

a) Setting the ICB pay policy (or equivalent) and standard terms and conditions
b) Making arrangements to pay employees such remuneration and allowances as it may determine
c) Set remuneration and allowances for members of the Board
d) Set any allowances for members of committees or sub-committees of the ICB who are not members of the Board
e) Any other relevant duties in line with its terms of reference.

8.1.7 The ICB may make arrangements for a person to be seconded to serve as a member of the ICB's staff.

9. Arrangements for Public Involvement

9.1.1 In line with section 14Z45(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 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

c) 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 the following arrangements to consult its population on its system plan:

a) In line with the Involvement and Engagement Strategy / People and Communities Strategy.

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; and

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 In addition, the ICB has agreed the following:

a) To build on the engagement capability and capacity in our workforce and empower out staff;

b) To embed business intelligence and insights from people and communities into the heart of the ICS,

c) To harness the power of equality impact assessments to support the eradication of health inequalities.

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

9.1.6 These arrangements will be in line with the Involvement and Engagement Strategy / People and Communities Strategy.

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 and appointed in accordance with the procedures set out in Section 3 having been nominated by the following**:** • 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.
Health Service Body	Health service body as defined by section 9(4) of the NHS Act 2006 or (b) NHS Foundation Trusts.
Health Care Professional	An individual who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002.

Appendix 2: Standing Orders

1. Introduction

1.1 These Standing Orders have been drawn up to regulate the proceedings of NHS Leicester, Leicestershire and Rutland 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 1 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 in line with section 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 Head of Corporate Governance 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 meetings 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 the Chair is absent or is disqualified from participating by a conflict of interest, the deputy chair will chair the meetings of the Board. Where the Chair and the deputy chair are both absent or are disqualified from participating by a conflict of interest the assembled members would be required to appoint a deputy to chair the meeting of the Board.

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.

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.

4.4 Petitions

4.4.1 Where a valid petition has been received by the ICB it shall be included as an item for the agenda of the next meeting of the board in accordance with the ICB policy as published in the Governance Handbook.

4.5 Nominated Deputies

4.5.1 With the permission of the person presiding over the meeting, the Executive Director members and the Partner Members of the Board may nominate an appropriate deputy to attend a meeting of the Board that they are unable to attend. The deputy may speak and vote on their behalf. The ICB Chair will appoint a Non-Executive Director to act as deputy in their absence.

4.5.2 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 a simple majority members of the Board, including:

a) Chair or Deputy Chair; and

b) the Chief Executive or nominated deputy; and

c) Chief Finance Officer or nominated deputy; and

d) either the Chief Medical Officer or the Chief Nursing Officer; and

e) at least one non-executive independent member; and

f) at least three Partner Members representing at least two different sectors between them.

4.7.2 For the sake of clarity:

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 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:

a) Chair or Deputy Chair

b) the Chief Executive or nominated deputy; and

c) Chief Finance Officer or nominated deputy; and

d) either the Chief Medical Officer or the Chief Nursing Officer; and

e) at least one non-executive independent member; and

f) at least three Partner Members representing at least two different sectors between them.

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 though 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.

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 paragraph 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.

Disputes

4.9.3 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.

Urgent decisions

4.9.4 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 to 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 two 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 may have a seal for executing documents where necessary. The following individuals or officers are authorised to authenticate its use by their signature:

- the Chief Executive Officer
- the Chief Finance Officer
- the Chief Nursing Officer
- the Chief Medical Officer
- Other Chief Officers (i.e. Executive Directors)

6.2 The following individuals are authorised to execute a document on behalf of the ICB by their signature:

- the Chief Executive Officer
- the Chief Finance Officer
- the Chief Nursing Officer
- the Chief Medical Officer
- Other Chief Officers (i.e. Executive Directors)

6.3 **Register of seal:** will be maintained by the Head of Corporate Governance on behalf of the Chief Executive and the contents of the register will be reported to the Board on at least an annual basis.

Appendix B – Scheme of Reservation and Delegation

Leicester, Leicestershire and Rutland Integrated Care Board

SCHEME OF RESERVATION AND DELEGATION (v2, April 2023)

Matters Reserved to the Board and Decisions Delegated to the Committees, Chief Executive and Officers.

Policy Area	Decision	Reserved to the ICB Board	Delegated to:							
			Audit Committee	Remuneration Committee	Executive Management Team	Chair	Chief Executive	Chief Finance Officer	Chief Nursing Officer	Other officer, Committee or sub-committee
REGULATION AND CONTROL	Determine the arrangements by which the Board approves decisions that are reserved for the Board.	✓								
REGULATION AND CONTROL (Constitution 1.6)	Consideration and approval of applications to the NHS England on changes to the Board's constitution and standing orders.	✓								
REGULATION AND CONTROL	**Prepare** the Board's scheme of reservation and delegation and standing financial instructions.									**Head of Corporate Governance**
REGULATION AND CONTROL (Constitution 4.4)	Approval of the Board's scheme of reservation and delegation and standing financial instructions.	✓								
REGULATION AND CONTROL (Constitution 4.6)	Establish and approve terms of reference and membership for ICB Committees.	✓								
REGULATION AND CONTROL (Constitution 1.4)	Approve the arrangements for discharging the ICB's functions including but not limited to a) Having regard to and acting in a way that promotes the NHS	✓								

Policy Area	Decision	Reserved to the ICB Board	Delegated to:							
			Audit Committee	Remuneration Committee	Executive Management Team	Chair	Chief Executive	Chief Finance Officer	Chief Nursing Officer	Other officer, Committee or sub-committee
	Constitution b) Exercising its functions effectively, efficiently and economically. c) Duties in relation to children including safeguarding and promoting welfare. d) Adult safeguarding and carers (the Care Act 2014) e) Equality, including the public-sector equality duty f) Information law g) Provisions of the Civil Contingencies Act 2004. h) Improvement in quality of services. i) Reducing inequalities. j) Obtaining appropriate advice. k) Duty to have regard to effect of decisions. l) Public involvement and consultation. m) Financial duties. Having regard to assessments and strategies									
REGULATION AND CONTROL	Exercise or delegation of those functions of the Board which have not been retained as reserved by						✓			

Policy Area	Decision	Reserved to the ICB Board	Delegated to:							
			Audit Committee	Remuneration Committee	Executive Management Team	Chair	Chief Executive	Chief Finance Officer	Chief Nursing Officer	Other officer, Committee or sub-committee
	the Board, delegated to a committee or sub-committee or employee.									
REGULATION AND CONTROL	Prepare the operational scheme of delegation, which sets out those key operational decisions delegated to individual employees of the ICB, not for inclusion in the Board's constitution.									**Head of Corporate Governance**
REGULATION AND CONTROL	Approval of the ICB's operational scheme of delegation that underpins the Board's overarching scheme of reservation and delegation as set out in its constitution.						✓			
REGULATION AND CONTROL	Prepare detailed financial policies that underpin the ICB's Standing Financial Instructions.									**Head of Corporate Governance / Chief Finance Officer**
REGULATION AND CONTROL	Approve detailed financial policies.						✓			**Supported by the Chief Finance Officer**
REGULATION AND CONTROL	Approve arrangements for managing exceptional funding requests within delegated limits.				✓					
REGULATION AND CONTROL	Set out who can execute a document by signature / use of the seal.	✓								

Policy Area	Decision	Reserved to the ICB Board	Delegated to:							
			Audit Committee	Remuneration Committee	Executive Management Team	Chair	Chief Executive	Chief Finance Officer	Chief Nursing Officer	Other officer, Committee or sub-committee
REGULATION AND CONTROL	~~Carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act, except those relating to individual GP performance management, which have been reserved to NHS England.~~ ~~This includes the following activities:~~	*Decision / function combined into a single more succinct decision / function – see below relating to primary medical care commissioning.*								~~**Strategic Commissioning Group reporting to the System Executive**~~
	• ~~GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);~~	*Decision / function combined into a single more succinct decision / function – see below relating to primary medical care commissioning.*								~~**Strategic Commissioning Group (Group reporting to System Executive)**~~
	• ~~Newly designed enhanced services ("Local Enhanced Services" and "Directed Enhanced Services");~~	*Decision / function combined into a single more succinct decision / function – see below relating to primary medical care commissioning.*								~~**Strategic Commissioning Group (Group reporting to System Executive)**~~
	• ~~Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);~~	*Decision / function combined into a single more succinct decision / function – see below relating to primary medical care commissioning.*								~~**Strategic Commissioning Group (Group reporting to System Executive)**~~

Policy Area	Decision	Reserved to the ICB Board	Delegated to:							
			Audit Committee	Remuneration Committee	Executive Management Team	Chair	Chief Executive	Chief Finance Officer	Chief Nursing Officer	Other officer, Committee or sub-committee
	~~• Decision making on whether to establish new GP practices in an area;~~	*Decision / function combined into a single more succinct decision / function – see below relating to primary medical care commissioning.*								~~Strategic Commissioning Group (Group reporting to System Executive)~~
	~~• Approving practice mergers;~~	*Decision / function combined into a single more succinct decision / function – see below relating to primary medical care commissioning.*								~~Strategic Commissioning Group (Group reporting to System Executive)~~
	~~• Making decisions on 'discretionary' payment (e.g., returner/retainer schemes).~~	*Decision / function combined into a single more succinct decision / function – see below relating to primary medical care commissioning.*								~~Strategic Commissioning Group (Group reporting to System Executive)~~
	~~• To undertake reviews of primary medical care services;~~	*Decision / function combined into a single more succinct decision / function – see below relating to primary medical care commissioning.*								~~Strategic Commissioning Group (Group reporting to System Executive)~~
	~~• To co-ordinate a common approach to the commissioning of primary care services generally;~~	*Decision / function combined into a single more succinct decision / function – see below relating to primary medical care commissioning.*								~~Strategic Commissioning Group (Group reporting to System Executive)~~
	~~• To manage the budget for commissioning of primary medical care services.~~	*Decision / function combined into a single more succinct decision / function – see below relating to primary medical care commissioning.*								~~Strategic Commissioning Group (Group reporting to System Executive)~~
	To carry out functions (except those functions relating to individual GP performance management, which have been reserved to NHS England).relating to commissioning of primary medical care including assessing, planning, commissioning									**Strategic Commissioning Group (Group reporting to System Executive)**

Policy Area	Decision	Reserved to the ICB Board	Delegated to:							
			Audit Committee	Remuneration Committee	Executive Management Team	Chair	Chief Executive	Chief Finance Officer	Chief Nursing Officer	Other officer, Committee or sub-committee
	/ de-commissioning, investing / disinvesting in services across LLR in line with Delegation Agreement, including approving expenditure against the primary care commissioning budget.									
	To carry out the functions as delegated by NHS England (as detailed in the Delegation Agreement) in respect of primary dental services, community pharmaceutical services, and primary ophthalmic services.									**East Midlands Integrated Care Boards' Joint Committee**
	To assess, plan, commission / de-commission, invest / disinvest in primary care services (i.e. primary medical care, pharmacy, optometry and dental services) and secondary care dental across LLR in line with Delegation Agreement, including approval of expenditure against the primary care commissioning budgets (this function will be exercised for decisions outwith the East Midlands ICBs' Joint Committee).									**Strategic Commissioning Group (Group reporting to System Executive)**

Leicester, Leicestershire and Rutland Integrated Care Board

Policy Area	Decision	Reserved to the ICB Board	Delegated to:							
			Audit Committee	Remuneration Committee	Executive Management Team	Chair	Chief Executive	Chief Finance Officer	Chief Nursing Officer	Other officer, Committee or sub-committee
MEMBERS OF THE BOARD	Approve the arrangements for nominations and selection process for partner members on the Board.	✓								
	Approve the appointment of non-executive members and partner members on the Board (subject to any regulatory requirements).					✓				
	Approve arrangements for identifying the ICB proposed accountable officer (subject to any regulatory / national requirements).			✓						
STRATEGY AND PLANNING	Agree the vision, values and overall strategic direction of the ICB.	✓								
	Approval of the Board's operating structure.	✓								
	Approval of the ICB commissioning and financial plan.	✓								
	Agree a plan to meet the health and healthcare needs of the population within LLR, having regard to the Partnership integrated care strategy and place health and wellbeing strategies.	✓								

Leicester, Leicestershire and Rutland Integrated Care Board

Policy Area	Decision	Reserved to the ICB Board	Delegated to:							
			Audit Committee	Remuneration Committee	Executive Management Team	Chair	Chief Executive	Chief Finance Officer	Chief Nursing Officer	Other officer, Committee or sub-committee
FINANCE	Approval of the ICB's corporate budgets that meet the financial duties as set out in the constitution.				✓					
	Approval of variations to the approved corporate budget where variation would have a significant impact on the overall approved levels of income and expenditure or the Board's ability to achieve its agreed strategic aims.				✓					
	Approve investment of LLR wide non-recurrent funding provided nationally outside of core allocation, within limits of delegated authority.									**System Executive**
ANNUAL REPORTS AND ACCOUNTS	Approve the Annual Accounts, and the Letter of Representation.		✓							
	Approval of the ICB's Annual Report.		✓							
	Approval of Internal Audit and External Audit Arrangements.		✓							
	Approval of the arrangements for discharging the ICB's statutory financial duties.	✓								

Leicester, Leicestershire and Rutland Integrated Care Board

Policy Area	Decision	Reserved to the ICB Board	Delegated to:							
			Audit Committee	Remuneration Committee	Executive Management Team	Chair	Chief Executive	Chief Finance Officer	Chief Nursing Officer	Other officer, Committee or sub-committee
HUMAN RESOURCES	Approve the terms and conditions, remuneration and travelling or other allowances for governing body members, including pensions and gratuities.			✓						
	Approve the ICB Pay Policy including adoption of any pay frameworks for all employees including senior managers/directors (including board members) excluding the Chair.			✓						
	For CEO, Directors and VSMs determine all aspects of remuneration including but not limited to salary, (including any performance-related elements) bonuses, pensions and cars.			✓						
	For CEO, Directors and VSMs Determine arrangements for termination of employment and other contractual terms and non-contractual terms.			✓						
	For all staff: • Determine the ICB pay policy (including the adoption of pay frameworks such as Agenda for Change);			✓						

Policy Area	Decision	Reserved to the ICB Board	Delegated to:							
			Audit Committee	Remuneration Committee	Executive Management Team	Chair	Chief Executive	Chief Finance Officer	Chief Nursing Officer	Other officer, Committee or sub-committee
	• 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.									
	Recommend pensions, remuneration, fees and allowances payable to employees and to other persons providing services to the ICB.			✓						
	Approve disciplinary arrangements for employees, where he/she is an employee of the ICB and for other persons working on behalf of the ICB.				✓					
	Review disciplinary arrangements where the accountable officer is an employee.			✓						
	Approval of the arrangements for discharging the ICB's statutory duties as an employer.				✓					
	Approve human resources policies for employees and for other persons working on behalf of the ICB.				✓					

Policy Area	Decision	Reserved to the ICB Board	Delegated to:							
			Audit Committee	Remuneration Committee	Executive Management Team	Chair	Chief Executive	Chief Finance Officer	Chief Nursing Officer	Other officer, Committee or sub-committee
QUALITY AND SAFETY	Scrutinise arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.									**Quality and Safety Committee**
	Approve arrangements for supporting NHS England in discharging its responsibilities in relation to securing continuous improvement in the quality of general medical services.									**Quality and Safety Committee**
OPERATIONAL AND RISK MANAGEMENT	**Prepare** and recommend an operational scheme of delegation that sets out who has responsibility for operational decisions within the ICB.									**Head of Corporate Governance**
	Approve the ICB's counter fraud and security management arrangements.		✓							
	Approve the counter fraud policies.		✓							
	Approve the security management policies.				✓					
	Approval of the ICB's risk management arrangements.	✓								**Supported by Executive Management Team**

Policy Area	Decision	Reserved to the ICB Board	Delegated to:							
			Audit Committee	Remuneration Committee	Executive Management Team	Chair	Chief Executive	Chief Finance Officer	Chief Nursing Officer	Other officer, Committee or sub-committee
	Approve arrangements for risk sharing and / or risk pooling with other organisations (for example arrangements for pooled funds with other bodies as permitted or pooled budget arrangements under section 75 of the NHS Act 2006), including the approval of variations for risk sharing and / or risk pooling under the section 75 arrangements.									**System Executive**
	Approval of a comprehensive system of internal control, including budgetary control, that underpin the effective, efficient and economic operation of the ICB.		✓							
	Approve proposals for action on litigation against or on behalf of the ICB.							✓		**Supported by Head of Corporate Governance**
	Approve the ICB's arrangements for business continuity and emergency planning.	✓								
	Consider and approve policy proposals for clinical policies where policies apply to the ICB and / or LLR system.									**Quality and Safety Committee**

Policy Area	Decision	Reserved to the ICB Board	Delegated to:							
			Audit Committee	Remuneration Committee	Executive Management Team	Chair	Chief Executive	Chief Finance Officer	Chief Nursing Officer	Other officer, Committee or sub-committee
INFORMATION GOVERNANCE	Approve the ICB's arrangements for handling complaints.				✓					
	Approval of the arrangements for ensuring appropriate and safekeeping and confidentiality of records and for the storage, management and transfer of information and data.				✓					
	Approve the Data Security and Protection Toolkit submission				✓					
	Approve information governance and information security policies.				✓					
TENDERING AND CONTRACTING	Approval of the ICB's contracts for commissioning support unit, within delegated limits.				✓					
	Approval of the ICB's contracts for corporate / infrastructure support (for example finance provision, non-healthcare related contracts e.g. infrastructure, HR, payroll, back office support services, including all services commissioned from the commissioning support unit) within delegated limits.				✓					

Policy Area	Decision	Reserved to the ICB Board	Delegated to:							
			Audit Committee	Remuneration Committee	Executive Management Team	Chair	Chief Executive	Chief Finance Officer	Chief Nursing Officer	Other officer, Committee or sub-committee
	Approval of the ICB's contracts for corporate / infrastructure support (for example finance provision, non-healthcare related contracts) above delegated limit.	✓								
PARTNERSHIP WORKING	Approve decisions that individual members or employees of the ICB participating in joint arrangements on behalf of the ICB can make. Such delegated decisions must be disclosed in this scheme of reservation and delegation.	✓								
	Approval of decisions to be delegated to joint committees established under section 75 of the 2006 Act.	✓								**Supported by System Executive**
	Approval of partnership agreements established under section 75 of the 2006 Act, including variations to the agreements.									**System Executive**
	Approval of collaborative commissioning arrangements and agreements (in line with financial delegated authority).									**System Executive**
	Approval of collaborative commissioning arrangements and	✓								

Policy Area	Decision	Reserved to the ICB Board	Delegated to:							
			Audit Committee	Remuneration Committee	Executive Management Team	Chair	Chief Executive	Chief Finance Officer	Chief Nursing Officer	Other officer, Committee or sub-committee
	agreements (above delegated limits to committees)									
	Approval for making decisions within delegated limits pertaining to coordinating commissioner arrangements on behalf of the ICB.	✓								**Supported by System Executive**
COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES (HEALTHCARE SERVICES)	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.	✓								
	Approve arrangements for co-ordinating the commissioning of services with other ICBs and or with the local authority(ies), where appropriate**.**	✓								
	Approval of system level clinical pathway changes.									**Quality and Safety Committee**
	~~Approval of business cases (for commissioning or decommissioning~~									**System Executive**

Policy Area	Decision	Reserved to the ICB Board	Delegated to:							
			Audit Committee	Remuneration Committee	Executive Management Team	Chair	Chief Executive	Chief Finance Officer	Chief Nursing Officer	Other officer, Committee or sub-committee
	~~and/or investment or disinvestment) in line with financial scheme of delegation.~~ *To be removed as duplicated, already captured on the next page.*									
	Approval of business cases for commissioning or decommissioning and / or investment or disinvestment above delegated limit to Committee(s).	✓								
	Approve service specification for procurement of health care services.									**System Executive**
	Consider options to procure LLR wide healthcare services.									**System Executive**
	Approve business cases for healthcare services to be developed or delivered (for commissioning or decommissioning and/or investment or disinvestment) with a total financial value up to £20,000,000 over the period of the contract (or three years if the investment is not time limited) following approval of the Operational / Financial Plan by the board.									**System Executive**

Policy Area	Decision	Reserved to the ICB Board	Delegated to:							
			Audit Committee	Remuneration Committee	Executive Management Team	Chair	Chief Executive	Chief Finance Officer	Chief Nursing Officer	Other officer, Committee or sub-committee
	Approve business cases for healthcare services to be developed or delivered (for commissioning or decommissioning and/or investment or disinvestment) with a total financial value up to £10,000,000 over the period of the contract (or three years if the investment is not time limited) following approval of the Operational / Financial Plan by the board. (This is in addition to decisions regarding primary care commissioning.)									**Strategic Commissioning Group**
	Approve preferred bidder and contract award for services above System Executive Committee level delegated authority.	✓								
	To approve contract award for healthcare procurements for a total financial value up to £10,000,000 in total over the period of the contract (or three years if the investment is not time limited) for the ICB. (This is in addition to decisions regarding primary care commissioning.)									**Strategic Commissioning Group**
	To approve contract award for healthcare procurements for a total									**System Executive**

Policy Area	Decision	Reserved to the ICB Board	Delegated to:							
			Audit Committee	Remuneration Committee	Executive Management Team	Chair	Chief Executive	Chief Finance Officer	Chief Nursing Officer	Other officer, Committee or sub-committee
	financial value up to £20,000,000 in total over the period of the contract (or three years if the investment is not time limited) for the ICB.									
	Approval of contract variation to contracts for services, including any change in funding arrangements (up to a value in line with financial delegations)									**System Executive**
	Approval of contract variation to contracts for services, including any change in funding arrangements (up to a value in line with financial delegations). (This is in addition to decisions regarding primary care commissioning.)									**Strategic Commissioning Group**
COMMISSIONING AND CONTRACTING FOR NON-HEALTHCARE / INFRASTRUCTURE SERVICES	Approval of business cases (for commissioning or decommissioning and/or investment or disinvestment) in line with financial scheme of delegation – non-healthcare procurement (e.g. infrastructure, HR, payroll, **all services** commissioned from commissioning support unit etc). With total financial value up to £10,000,000 in total over the period of the contract (or				✓					

Policy Area	Decision	Reserved to the ICB Board	Delegated to:							
			Audit Committee	Remuneration Committee	Executive Management Team	Chair	Chief Executive	Chief Finance Officer	Chief Nursing Officer	Other officer, Committee or sub-committee
	three years if the investment is not time limited).									
	Approval of business cases for commissioning or decommissioning and / or investment or disinvestment (for non-healthcare / infrastructure, and all services commissioned from the CSU) above delegated limit to Committee(s).	✓								
	Approval of contract award for non-healthcare procurements and infrastructure above individual delegations for day-to-day non-healthcare / infrastructure contracts and all services commissioned from the CSU for a total financial value up to £10,000,000 in total over the period of the contract (or three years if the investment is not time limited).				✓					
	Approval of any contract variation to non-health care / infrastructure contracts and all services commissioned from the CSU, including any changes to funding arrangements subject to the overall				✓					

Policy Area	Decision	Reserved to the ICB Board	Delegated to:							
			Audit Committee	Remuneration Committee	Executive Management Team	Chair	Chief Executive	Chief Finance Officer	Chief Nursing Officer	Other officer, Committee or sub-committee
	contract value not exceeding £10,000,000 in total.									
COMMISSIONING SUPPORT ARRANGEMENTS	Agreement of service specification for commissioning support services – healthcare commissioning.				✓					
	Agreement of service specification for commissioning support services – non-healthcare / infrastructure commissioning.				✓					
	Procurement: preferred bidder for commissioning support services award of contract – healthcare and non-healthcare commissioning (up to the value of £10,000,000 over the period of the contract).				✓					
	Procurement: preferred bidder award of contract – non-healthcare and healthcare commissioning above delegated limits.	✓								
COMMUNICATIONS	Approving arrangements for handling Freedom of Information requests.				✓					
	Determining arrangements for handling Freedom of Information requests.									**Head of Corporate Governance**

Policy Area	Decision	Reserved to the ICB Board	Delegated to:							
			Audit Committee	Remuneration Committee	Executive Management Team	Chair	Chief Executive	Chief Finance Officer	Chief Nursing Officer	Other officer, Committee or sub-committee
	Public Engagement Strategy	✓								
	Approval of consultation materials and process for system wide proposals following review by Board.									**System Executive Team**
Other:	Approvals for research projects within financial delegated limits.								✓	**Chief Nursing Officer and Chief Medical Officer**

Appendix C – Functions and Decisions Map

NHS
Leicester, Leicestershire and Rutland
Integrated Care Board

Leicester, Leicestershire and Rutland Integrated Care System (ICS): Functions and Decisions Map

(v2, April 2023)

A proud partner in the:

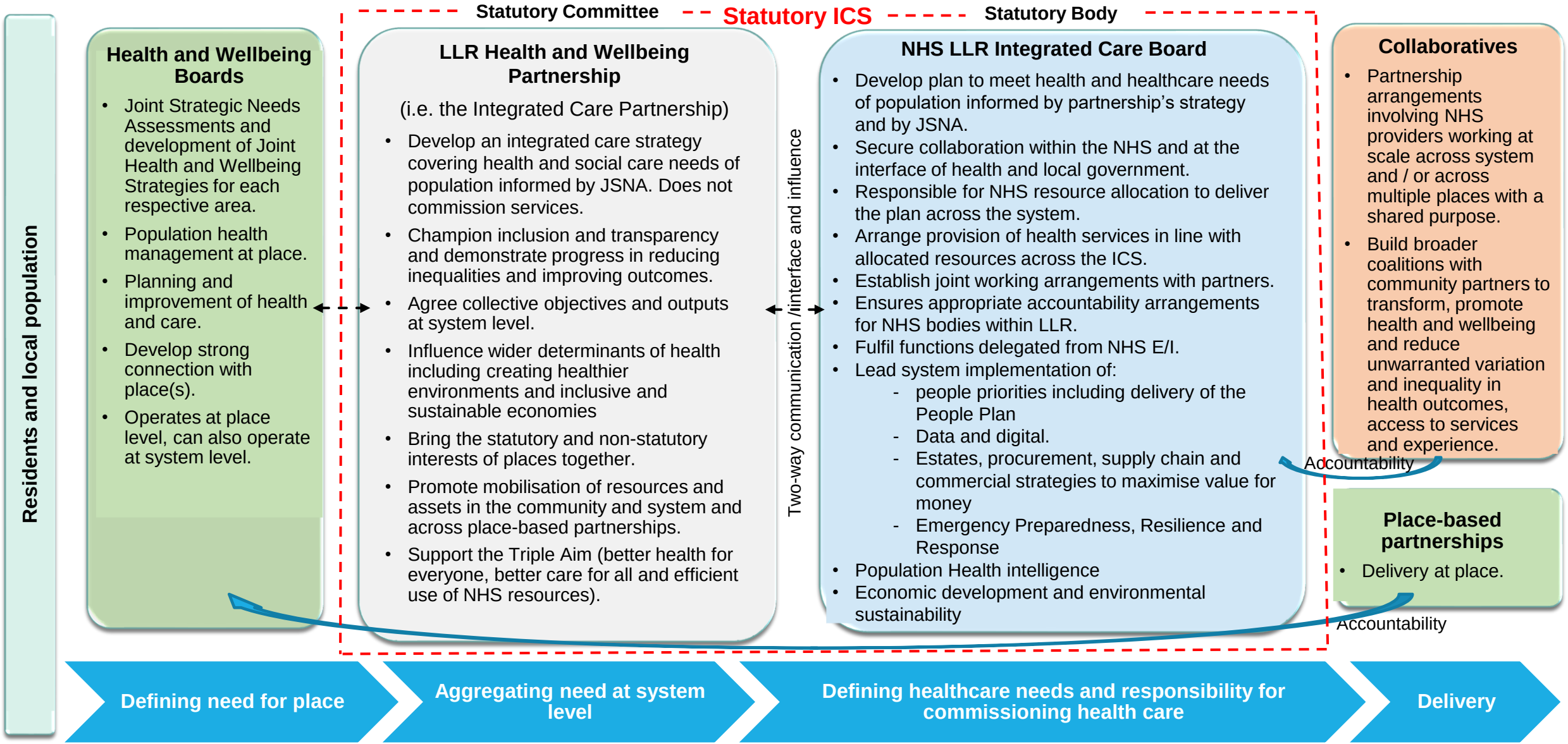
Leicester, Leicestershire and Rutland
Health and Wellbeing Partnership

Introduction

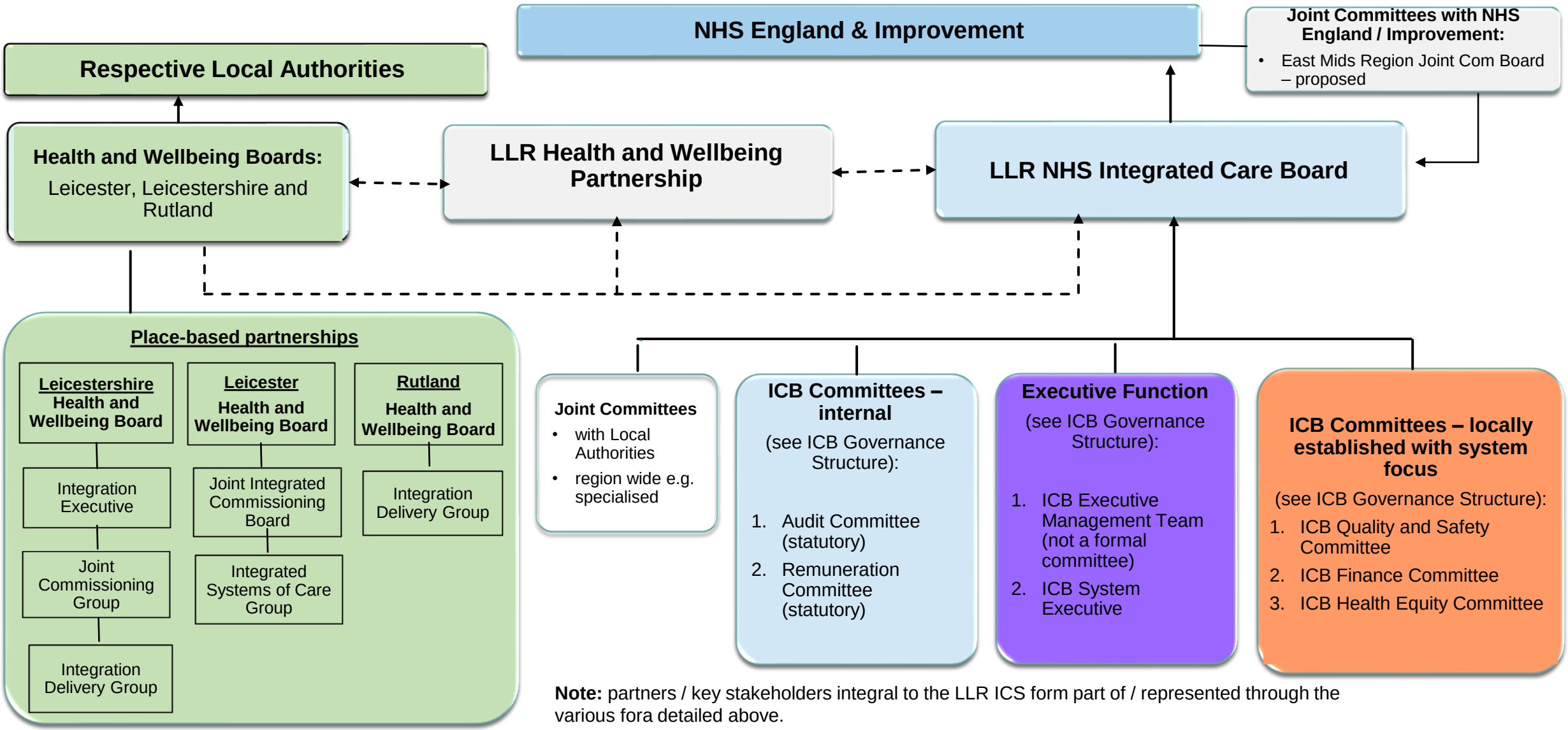
This Functions and Decision Map is a high-level structural chart that sets out where key ICB functions are delegated and where decisions are made across the system.

The Functions and Decision map also includes decision-making responsibilities that are delegated to the ICB (for example, from NHS England). This document should be read in conjunction with the ICB Constitution, Scheme of Reservations and Delegations, Standing Financial Instructions and the Detailed Financial Policies and Operational Scheme of Delegation that support a more detailed understanding of the nature of decisions taken and where they are taken.

LLR Integrated Care System: planning, partnerships and delivery (key functions and roles)

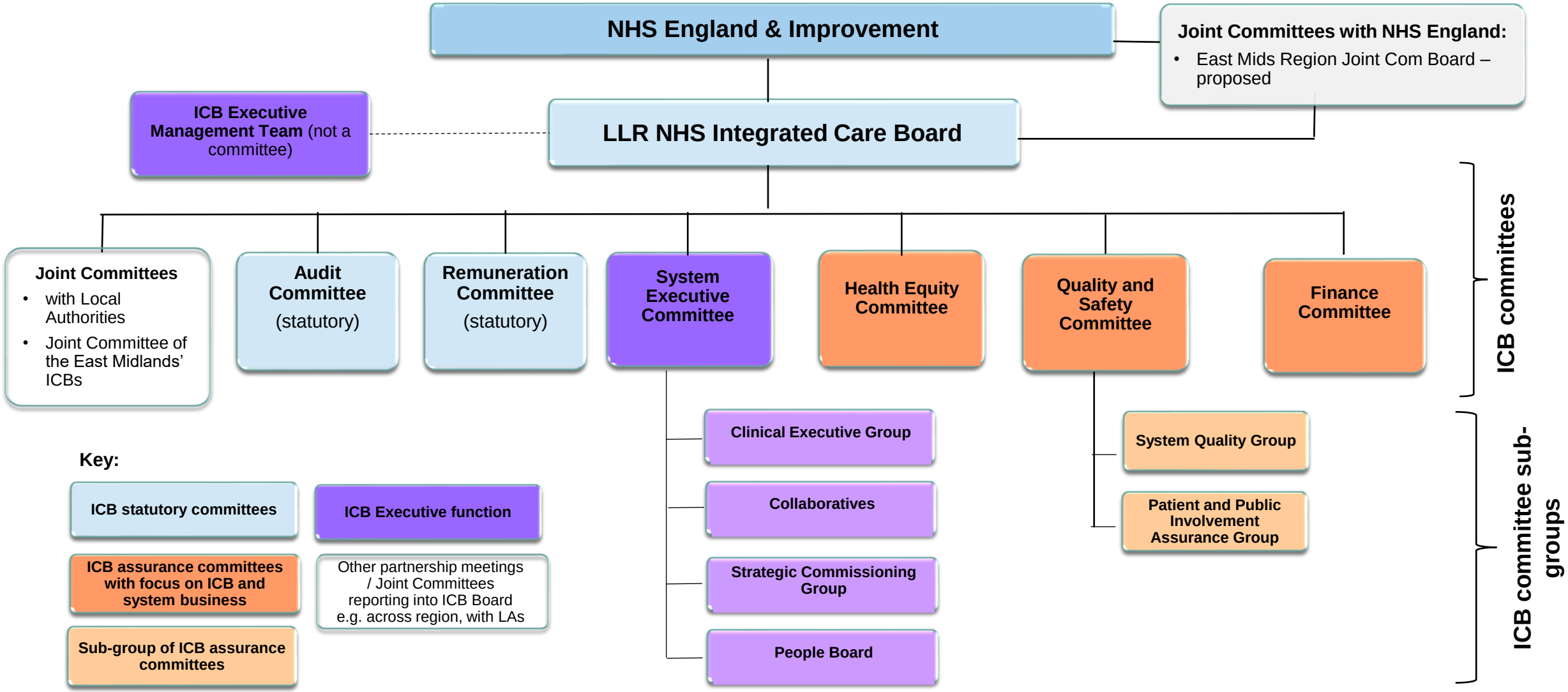


LLR Integrated Care System: interface and accountability



Note: partners / key stakeholders integral to the LLR ICS form part of / represented through the various fora detailed above.

LLR ICB governance structure (April 2023)



APPENDIX 1: NHS ENGLAND, THE INTEGRATED CARE PARTNERSHIP AND HEALTH AND WELLBEING BOARDS

NHS England, Department of Health, Social Care, Local Government Association

- Responsible for setting the direction and supporting the commissioning of high-quality services to deliver the NHS Long Term Plan balancing national direction with local autonomy to secure the best outcomes for patients. Making decisions about how best to support and assure performance, as well as supporting system transformation and the development of Integrated Care Systems. Acting as guardians of the health and care framework by ensuring the legislative, financial, administrative and policy frameworks are fit for purpose and work together**.**

The LLR Health and Wellbeing Partnership (i.e. the Integrated Care Partnership)

- Responsible for the development of an 'integrated care strategy' for the whole population (covering all ages) using the best available evidence and data, covering health and social care, and addressing health inequalities and the wider determinants which drive these inequalities. The ICP will champion inclusion and transparency and challenge all partners to demonstrate progress in reducing inequalities and improving outcomes. It will support place- and neighborhood-level engagement, ensuring the system is connected to the needs of every community it covers.

Health and Wellbeing Boards (Leicester, Leicestershire and Rutland)

- Responsible for setting the vision and high-level outcomes and priorities for their respective areas. Health and Wellbeing Boards (HWBBs) are responsible for conducting Joint Strategic Needs Assessments (JSNAs) for their areas and for setting the high-level priorities and outcomes in the Joint Health and Wellbeing Strategies (JHWBs). The HWBBs encourage integrated working between health, care, police and other public services in order to improve wellbeing outcomes for the local population.

APPENDIX 2: SUMMARY OF STATUTORY AND INTERNAL COMMITTEES

Committee / group	Responsible for…
Integrated Care Board (Board of the statutory Body)	• Responsible for developing a plan and allocating resource to meet the health and healthcare needs of the population. • Establishing joint working arrangements with partners that embed collaboration for delivery. • Establishing governance arrangements to support collective accountability for whole-system delivery and performance. • Arranging for the health provision of services including contracting arrangements, transformation, working with local authority and partners to put in place personalised care for people. Leading system implementation of people priorities including delivery of the People Plan and People Promise. • Leading system-wide action on data and digital. • Oversight and approval of the Scheme of Reservation and Delegation. • Discharging duties in line with delegations from NHS England.
Audit Committee (Statutory)	• Providing ICB with independent and objective review of adequacy and effectiveness of internal control systems including financial information and compliance with laws, guidance and regulations governing the NHS. • Approval of the Annual Report and Accounts and governance related policies in line with SoRD.
Remuneration Committee (Statutory)	• Approving the pay policy, terms of service and remuneration. • Review of the remuneration for the CEO, executive directors and clinical leads (outside of pay arrangements set at a national level). • Approving remuneration for executive members (except Chief Executive) and clinical leads.

APPENDIX 3: SUMMARY OF COMMITTEES WITH SYSTEM FOCUS

Committee/Group	Responsible for…
System Executive Team	• Executive and management responsibilities at system level (membership will include: ICB Executive Management Team, UHL and LPT CEOs, and senior responsible officers for each of the Collaboratives). • Developing a system strategy, planning and finance. • Oversight of system performance and managing the day-to-day delivery of NHS services at system level with support from Collaboratives, Clinical Executive and the Strategic Commissioning Group for primary care services. • Carrying out its functions in line with delegated financial authority (up **to £20m** for approval of healthcare services related procurement and contracts over term of contract following approval of the Operational and Financial Plan by the Board).
Finance Committee	• Scrutiny of the delivery of a robust, viable and sustainable system financial strategy and plan. • Oversight of payment policy reform and oversight of reporting of placed based allocations and provider collaborations. • Providing assurance on the system's current and forecast financial position and recovery plans to address any challenges. • Oversight of system capital plans and monitoring and forecasting for onward assurance.
Quality and Safety Committee	• Development of system quality, performance improvement and assurance strategy. • Providing assurance on quality, safety, performance improvement, patient engagement, patient experience, patient and public involvement, and the personalisation of care. • Monitoring quality, safety and performance risks at and receive assurance in relation to mitigations and improvement plans. • Approval of clinical pathways and clinical policies. • Oversight of the nationally mandated sub-group, the System Quality Group (requirement set out by the National Quality Board).
Health Equity Committee	• Seeking assurance that the ICB is delivering its statutory functions and making decisions to enable inclusion, improve health outcomes for patients and service users, and reduce unwarranted health inequality. • Scrutinising the robustness of, and gain and provide assurance to the ICB, that there is an effective and sustainable system of monitoring our progress in reducing health inequalities that supports effective deliver of the ICB's strategic objectives and provides sustainable, high quality care.

Appendix D – Standing Financial Instructions

Leicester, Leicestershire and Rutland
Integrated Care Board

Leicester, Leicestershire and Rutland Integrated Care Board Standing Financial Instructions

Version Control

Version number	Approval / Amendments made	Date (Month Year)
Version 1	NHS England model documentation used and localised for the ICB.	April 2022
Version 2	LLR ICB adopted updated model documentation published by NHS England on 30 May 2022.	1 July 2022

Contents

1. Purpose and statutory framework

1.1.1 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.

1.1.2 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.

1.1.3 The purpose of this governance document 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.

1.1.4 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.

1.1.5 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.

1.1.6 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.

1.1.7 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.

1.1.8 Should any difficulties arise regarding the interpretation or application of any of these SFIs, the advice of the chief executive or the chief financial officer must be sought before acting.

1.1.9 Failure to comply with the SFIs may result in disciplinary action in accordance with the ICBs applicable disciplinary policy and procedure in operation at that time.

2. Scope

2.1.1 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.

2.1.2 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.

2.1.3 Any reference to an enactment is a reference to that enactment as amended.

2.1.4 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.

3. Roles and Responsibilities

3.1 Staff

3.1.1 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 the statutory organisations 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

3.2 Accountable Officer

3.2.1 The ICB constitution provides for the appointment of the chief executive by the ICB chair. The chief executive is the accountable officer for the ICB and is personally accountable to NHS England for the stewardship of ICBs allocated resources.

3.2.2 The chief financial officer reports directly to the ICB chief executive officer and is professionally accountable to the NHS England regional finance director

3.2.3 The chief executive 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 6)
- 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 & 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;
- 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;
- 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; and
- 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 risk.

3.3 Audit and risk assurance committee

3.3.1 The board and accountable officer should be supported by an audit and risk assurance 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.

4. Management accounting and business management

4.1.1 The chief financial officer is responsible for maintaining policies and processes relating to the control, management and use of resources across the ICB.

4.1.2 The chief financial officer will delegate the budgetary control responsibilities to budget holders through a formal documented process.

4.1.3 The chief financial officer will ensure:

- the promotion of compliance to the SFIs through an assurance certification process;
- the promotion of long term financial heath 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.

4.1.4 In addition, the chief financial officer should have financial leadership responsibility for the following statutory duties:

- the duty of the ICB to perform its functions as 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.

4.1.5 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 finance business partners in key strategic decisions that carry a financial impact.

5. Income, banking arrangements and debt recovery

5.1 Income

5.1.1 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.

5.1.2 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 standardized and harmonised across the NHS System by working cooperatively with the existing Shared Services provider; and

- ensuring the debt management strategy reflects the debt management objectives of the ICB and the prevailing risks.

5.2 Banking

5.2.1 The CFO 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.

5.2.2 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.

5.3 Debt management

5.3.1 The chief financial officer is responsible for the ICB debt management strategy.

5.3.2 This includes:

- a debt management strategy 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 strategy covers a minimum period of 3 years and must be reviewed and endorsed by the ICB board 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.

6. Financial systems and processes

6.1 Provision of finance systems

6.1.1 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.

6.1.2 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.

6.1.3 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 to transacting and coding of expenditure/income in fulfilment of their roles.

6.1.4 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 shall 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 finance officer shall periodically seek assurances that adequate controls are in operation.

7. Procurement and purchasing

7.1 Principles

7.1.1 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.

7.1.2 The ICB must ensure that procurement activity is in accordance with the Public Contracts Regulations 2015 (PCR) and associated statutory requirements whilst securing value for money and sustainability.

7.1.3 The ICB must consider, as appropriate, any applicable NHS England guidance that does not conflict with the above.

7.1.4 The ICB must have a Procurement Policy which sets out all of the legislative requirements.

7.1.5 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.

7.1.6 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.

7.1.7 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.

7.1.8 Undertake any contract variations or extensions in accordance with PCR 2015 and the ICB procurement policy.

7.1.9 Retrospective expenditure approval should not be encouraged. 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.

8. Staff costs and staff related non pay expenditure

8.1 Chief People Officer

8.1.1 The chief people officer [CPO] (or equivalent people role in the ICB) 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.

8.1.2 Operationally the CPO 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.

8.1.3 The CPO will ensure that the payroll system has adequate internal controls and suitable arrangements for processing deductions and exceptional payments.

8.1.4 Where a third-party payroll provider is engaged, the CPO shall closely manage this supplier through effective contract management.

8.1.5 The CPO is responsible for management and governance frameworks that support the ICB employees' life cycle.

9. Annual reporting and Accounts

9.1.1 The chief financial officer will ensure, on behalf of the Accountable 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 An 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;
- review 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
- review 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.

9.2 Internal audit

The chief executive, 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:

- all 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;

- 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);

- the ICB internal audit charter and annual audit plan, must be endorsed by the ICB Accountable Officer, audit and risk assurance committee and board;

- 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;

- the head of internal audit should attend audit and risk assurance committee meetings and have a right of access to all audit and risk assurance committee members, the Chair and chief executive of the ICB.

- 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.

9.3 External Audit

The chief financial officer is responsible for:

- liaising with external audit colleagues to ensure timely delivery of financial statements for audit and publication in accordance with statutory, regulatory requirements;

- 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

- 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. Losses and special payments

10.1.1 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.

10.1.2 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.

10.1.3 NHS England has the statutory power to require an integrated care board 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.

10.1.4 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

10.1.5 All losses and special payments (including special severance payments) must be reported to the ICB Audit and Risk Assurance Committee.

10.1.6 For detailed operational guidance on losses and special payments, please refer to the ICB losses and special payment guide which includes delegated limits.

11. Fraud, bribery and corruption (Economic crime)

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

11.1.2 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 and Risk Assurance Committee and defined roles and accountabilities for those involved as part of the process of providing assurance to the board.

11.1.3 These arrangements should comply with the NHS Requirements the Government Functional Standard 013 Counter Fraud as issued by NHS Counter Fraud Authority and any guidance issued by NHS England.

12. Capital Investments & security of assets and Grants

12.1.1 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 ICB's predecessor clinical commissioning group(s);

- 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.

12.1.2 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.

12.1.3 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.

12.1.4 For operational purposes, the ICB shall have nominated senior officers accountable for ICB property assets and for managing property.

12.1.5 ICBs shall have a defined and established property governance and management framework, which should:

- ensure the ICB asset portfolio supports its business objectives; and
- complies with NHS England policies and directives and with this guidance

12.1.6 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.

12.2 Grants

12.2.1 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.

12.2.2 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.

13. Legal and insurance

13.1.1 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 ICB revenue resources in relation to settling legal matters.

13.1.2 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 accountable officer.

Appendix E – Detailed Financial Policies and Operational Scheme of delegation

(to be inserted once updated version has been approved by the Chief Executive)

Appendix F – Audit Committee terms of reference

Leicester, Leicestershire and Rutland Integrated Care Board
Audit Committee
Terms of Reference (April 2023)

1. Constitution

The Audit Committee (the Committee) is established by the NHS Leicester, Leicestershire and Rutland Integrated Care Board (the Board or 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.

The Committee will be chaired by a non-executive director, it is a 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

To 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.

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.

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

3. Authority

The Audit Committee is authorised by the Board to:

- Investigate any activity within its terms of reference;
- 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) within its remit 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;
- 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.

For the avoidance of doubt, the Committee will comply with, the ICB Standing Orders, Standing Financial Instructions and the SoRD.

4. Membership and attendance

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

The Board will appoint no fewer than four members of the Committee including two who are Independent Non-Executive Members of the Board. Other members of the Committee need not be members of the Board, but they may be.

Neither the Chair of the Board, nor employees of the ICB will be members of the Committee.

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.

Members of the Committee shall be the independent Non-Executive Directors of the ICB:

- Non-Executive Director – Audit
- Non-Executive Director – Remuneration
- Non-Executive Director – Quality, Safety, Performance and Transformation
- Non-Executive Director – Health Inequalities, Public Engagement, Third Sector and Carers

Chair and vice chair
In accordance with the Constitution, the Committee will be chaired by a Non-Executive Member of the Board appointed on account of their specific knowledge skills and experience making them suitable to chair the Committee.

The Chair of the Committee shall be independent and therefore may not chair any other committees. In so far as it is possible, they will not be a member of any other committee.

Committee members may appoint a Vice Chair from one of the other independent Non-Executive Directors of the ICB.

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

Attendees
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 Finance or their nominated deputy;

- Representatives of both internal and external audit;
- Individuals who lead on risk management and counter fraud matters;
- and other relevant attendees

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.

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.

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

Attendance
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.

Access
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.

5. Meetings Quoracy and Decisions

The Audit Committee will meet at least four times a year and arrangements and notice for calling meetings are set out in the Standing Orders. Additional meetings may take place as required.

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.

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.

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

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.

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

Decision making and voting
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.

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. The result of the vote will be recorded in the minutes.

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.

6. Responsibilities of the Committee

The Committee's duties can be categorised as follows.

Integrated governance, risk management and internal control
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.

To ensure that financial systems and governance are established which facilitate compliance with DHSC's Group Accounting Manual.

To review the adequacy and effectiveness of the assurance processes that indicate the degree of achievement of the ICB's objectives, the effectiveness of the management of principal risks.

To have oversight of system risks where they relate to the achievement of the ICB's objectives.

To ensure consistency that the ICB acts consistently with the principles and guidance established in HMT's Managing Public Money.

To seek reports and assurance from directors and managers as appropriate, concentrating on the systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

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

Internal audit
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:

- Considering the provision of the internal audit service and the costs involved;

- 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;
- 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;
- Ensuring that the internal audit function is adequately resourced and has appropriate standing within the organisation; and
- Monitoring the effectiveness of internal audit and carrying out an annual review.

External audit

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:

- Considering the appointment and performance of the external auditors, as far as the rules governing the appointment permit;
- 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;
- Discussing with the external auditors their evaluation of audit risks and assessment of the organisation and the impact on the audit fee; and
- 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.

Other assurance functions

To review the findings of assurance functions in the ICB, and to consider the implications for the governance of the ICB.

To review the work of other committees in the ICB, whose work can provide relevant assurance to the Audit Committee's own areas of responsibility.

To review the assurance processes in place in relation to financial performance across the ICB including the completeness and accuracy of information provided.

To review the findings of external bodies and consider the implications for governance of the ICB. These will include, but will not be limited to:

- Reviews and reports issued by arm's length bodies or regulators and inspectors: e.g. National Audit Office, Select Committees, NHS Resolution, CQC; and

- Reviews and reports issued by professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges and accreditation bodies).

Counter fraud

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) functional standards and shall review the outcomes of work in these areas.

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.

To ensure that the counter fraud service provides appropriate progress reports and that these are scrutinised and challenged where appropriate.

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.

To report concerns of suspected fraud, bribery and corruption to the NHSCFA.

Freedom to Speak Up

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.

Information Governance (IG)

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

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

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

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

Financial reporting

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

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.

To review the annual report and financial statements (including accounting policies) before submission to the Board focusing particularly on:

- The wording in 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 of the Financial Statements;
- Significant adjustments resulting from the audit;
- Letter of representation; and
- Qualitative aspects of financial reporting.

Conflicts of Interest
The chair of the Audit Committee will be the nominated Conflicts of Interest Guardian.

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.

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

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

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.

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

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

7. Accountability and reporting

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

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

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

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.

8. Behaviours and Conduct

ICB values

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

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

Equality and diversity

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

9. Declarations of interest

All members and those in attendance must declare any actual or potential conflicts of interest which will be recorded in the minutes. Anyone with a relevant or material interest in a matter under consideration will be excluded from the discussion at the discretion of the Committee Chair.

10. Secretariat and Administration

The Committee shall be supported with a secretariat function provided by the Head of Corporate Governance which will include ensuring that:

- 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;
- Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not meet the minimum requirements;
- Records of members' appointments and renewal dates and the Board is prompted to renew membership and identify new members where necessary;
- Good quality minutes are taken in accordance with the standing orders and agreed with the chair and that a record of matters arising, action points and issues to be carried forward are kept;
- The Chair is supported to prepare and deliver reports to the Board;
- The Committee is updated on pertinent issues/ areas of interest/ policy developments;

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

11. Review

The Committee will review its effectiveness at least annually and complete an annual report submitted to the Board.

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.

Date of approval: XX by the NHS LLR Integrated Care Board

Date of review: April 2024

Appendix G – Remuneration Committee terms of reference

Leicester, Leicestershire and Rutland Integrated Care Board
Remuneration Committee
Terms of Reference (April 2023)

1. Constitution

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.

These terms of reference, 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.

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

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:

- Confirm the ICB Pay Policy including adoption of any pay frameworks for all employees including senior managers/directors (including board members) and non-executive directors excluding the Chair.

As the Committee will consist of Non-Executive Directors, the remuneration for the non-executive members will therefore be determined by the Chair and the Chief Executive, and approved by the Chair in line with the Constitution.

The Board has also delegated the following functions to the Committee:
This might include functions such as:

- Elements of the nominations and appointments process for Board members;
- Oversight of executive board member performance
- Oversight of the ICB people agenda including oversight of redundancy processes for ICB staff as they arise

3. Authority

The Remuneration Committee is authorised by the Board to:

- Investigate any activity within its terms of reference;
- 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) within its remit as outlined in these terms of reference;
- 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;
- 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 SoRD but may /not delegate any decisions to such groups.

For the avoidance of doubt, in the event of any conflict, the ICB Standing Orders, Standing Financial Instructions and the Scheme of Reservation and Delegation will prevail over these terms of reference other than the committee being permitted to meet in private.

4. Membership and attendance

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

The Board will appoint four non-executive members of the Board as members of the Committee. Other members of the Committee need not be members of the board, but they may be.

The Chair of the Audit Committee may not be a member of the Remuneration Committee.

The Chair of the Board may be a member of the Committee but may not be appointed as the Chair.

When determining the membership of the Committee, active consideration will be made to diversity and equality.

Members of the Committee shall be the Non-Executive Directors of the ICB:

- Non-Executive Director – Remuneration (Chair of Committee)
- Non-Executive Director – Health Inequalities, Public Engagement, Third Sector and Carers
- Non-Executive Director – Quality, Safety, Performance and Transformation (vice Chair of the Committee)
- Chair of the ICB

Chair and Vice Chair
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.

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 Chair the meeting.

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

Attendees
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.

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
- The Head of Corporate Governance
- Chief Executive

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.

5. Meetings Quoracy and Decisions

The Committee will meet in private.

The Committee will meet at least twice each year and arrangements and notice for calling meetings are set out in the Standing Orders. Additional meetings may take place as required. The Board, Chair or Chief Executive may ask the Remuneration Committee to convene further meetings to discuss particular issues on which they want the Committee's advice.

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.

Quorum

For a meeting to be quorate a minimum of two of the non-executive members is required, including the Chair or Vice Chair.

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

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

Decision making and voting

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.

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.

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. Responsibilities of the Committee

The Committee's duties are as follows:

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

- Determine all aspects of remuneration including but not limited to salary, (including any performance-related elements) bonuses, pensions and cars;

- Determine arrangements for termination of employment and other contractual terms and non-contractual terms.

For all staff:

- Determine the ICB pay policy (including the adoption of pay frameworks such as Agenda for Change);
- Oversee contractual arrangements;
- 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.

For office holders and individuals not on either Very Senior Managers framework or Agenda for Change:

- Determine all aspects of remuneration including but limited to salary, (including performance-related elements),
- Determine arrangements for termination of appointment or employment and other contractual terms and non-contractual terms.

Additional functions of the Committee include:

- Functions in relation to nomination and appointment of (some or all) Board members;
- Functions in relation to performance review/ oversight for directors/senior managers (i.e. for the Chief Executive, Directors and other Very Senior Managers);
- Succession planning via a skills review / audit for the Board;
- 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).

7. Accountability and reporting

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

The minutes of the meetings shall be formally recorded by the secretary.

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

8. Behaviours and Conduct

Benchmarking and guidance

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.

ICB values

Members will be expected to conduct business in line with the ICB values and objectives and the principles set out by the ICB.

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

Equality diversity and inclusion

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

9. Declarations of interest

All members and those in attendance must declare any actual or potential conflicts of interest which will be recorded in the minutes. Anyone with a relevant or material interest in a matter under consideration will be excluded from the discussion at the discretion of the Committee Chair.

10. Secretariat and Administration

The Committee shall be supported with a secretariat function provided by the Head of Corporate Governance, which will include ensuring that:

- 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;
- Records of members' appointments and renewal dates and the Board is prompted to renew membership and identify new members where necessary;
- Good quality minutes are taken in accordance with the standing orders and agreed with the chair and that a record of matters arising, action points and issues to be carried forward are kept;
- The Chair is supported to prepare and deliver reports to the Board;
- The Committee is updated on pertinent issues/ areas of interest/ policy developments; and
- Action points are taken forward between meetings.

11. Review

The Committee will review its effectiveness at least annually.

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

Date of approval: 13 April 2023 approved by the Board of the LLR ICB

Date of review: April 2024

Appendix H – System Executive Committee terms of reference

NHS Leicester, Leicestershire and Rutland Integrated Care Board
System Executive
Terms of Reference (v3, April 2023)

1. CONSTITUTION

The System Executive ("SE" or "the Committee") is established by the NHS Leicester, Leicestershire and Rutland Integrated Care Board (the Board or ICB) as a Committee of the Board in accordance with its Constitution.

These terms of reference set out the membership, the remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the Board.

The Committee will be chaired by the Chief Executive, it is a committee of the Board and its members are bound by the Standing Orders and other policies of the ICB.

2. PURPOSE OF THE COMMITTEE

The Committee has been established to provide the Integrated Care Board with assurance on the day to day running of the LLR NHS. This will include:

a) Assurance on operational resilience and dealing with any escalations.
b) Developing and monitoring the yearly financial, revenue and capital, plans and the long-term financial plans and regimes for the NHS system for approval by the ICB Board.
c) Developing the LLR System Long Term Strategic Plan for approval by the ICB Board.
d) Developing the yearly LLR System Operational Plan for approval by the ICB Board.
e) Overseeing the programme and project assurance arrangements to deliver the yearly financial plan transformation priorities and strategic programmes.
f) Overseeing quality, safety and performance at a system level.
g) Overseeing the development, implementation and delivery of the LLR System People Plan; Joint Estate Plan and Joint Digital and Data Strategy.
h) Commissioning and overseeing the development of the Collaboratives within LLR.
i) Overseeing the delegated commissioning functions from NHS England
j) Approving Business Cases within delegated limits.
k) Approving contracts within delegated limits.
l) Managing procurement processes and approve preferred bidder within delegated limits.

The Committee will provide regular assurance updates to the ICB in relation to activities and items within its remit.

3. DELEGATED AUTHORITY

The 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.

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

4. MEMBERSHIP AND ATTENDANCE

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

The Board will appoint no fewer than seven members of the Committee (from the ICB). Other attendees of the Committee need not be members of the Board, but they may be.

When determining the membership of the Committee, active consideration will be made to equality, diversity and inclusion.

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.

Members

- ICB Chief Executive Officer (Chair)
- ICB Chief Nursing Officer (vice Chair) or nominated deputy
- ICB Chief Finance Officer or nominated deputy
- ICB Chief Medical Officer or nominated deputy
- ICB Chief Operating Officer or nominated deputy
- ICB Chief People Officer or nominated deputy
- ICB Chief Strategy Officer or nominated deputy
- Chief Executive Officer from University Hospitals of Leicester NHS Trust or nominated deputy
- Deputy Chief Executive Officer University Hospitals of Leicester NHS Trust or nominated deputy
- Chief Executive Officer from Leicestershire Partnership NHS Trust or
- nominated deputy
- Deputy Chief Executive Officer from Leicestershire Partnership NHS Trust or nominated deputy

In attendance
The Directors of Adult Social Care from Leicester City Council, Leicestershire County Council and Rutland County Council will be invited to attend and participate in the meetings.

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. Attendees do not have voting rights.

Chair and vice chair
In accordance with the Constitution, this meeting will be chaired by the Chief Executive of the ICB and their nominated deputy will be the vice Chair of the Committee.

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.

If the Committee Chair has a conflict of interest then the vice chair or, if necessary, another member of the Committee will be responsible for deciding the appropriate course of action.

5. MEETING QUORACY AND DECISIONS

The Committee shall meet on a monthly basis. Additional meetings may be convened on an exceptional basis at the discretion of the Committee Chair.

Quoracy
For a meeting to be quorate half of the membership needs to be present including the Committee Chair or the vice chair being present.

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.

Where members are unable to attend they should ensure that a named and briefed deputy is in attendance who is able to participate on their behalf.

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

Decision making and voting
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.

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. The result of the vote will be recorded in the minutes.

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.

6. RESPONSIBILITIES OF THE COMMITTEE

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

Strategic Development

- Develop and recommend for approval to the LLR Integrated Care Board a long-term strategic plan for LLR.
- Ensure that the plan is based on the needs of the local population and takes into account the plan of the Health and Care Partnership; ensures NHS services and performance are restored following the pandemic; and is in line with national operational planning requirements, Long-Term Plan commitments and local priorities.
- Ensure alignment with the long- term Financial Strategy and other underpinning strategies detailed below.
- Develop and recommend for approval to the Integrated Care Board and implement system strategies for workforce, digital and data and estates.

Financial Planning – Capital and Revenue

- Develop, recommend to the Integrated Care Board and implement a long- term financial plan for the system including determining what resources should be available to meet the needs of the population in each place and setting principles for how they should be allocated across services and providers.
- Develop, recommend to the Integrated Care Board and implement yearly financial plan for the ICB.
- Monitor delivery in relation to both long-term and yearly financial plans and take action where necessary and escalate to the Integrated Care Board when required.
- Agree ICB financial allocation and management strategies for approval by the LLR Integrated Care Board.

Operational Planning

- Ensure there is a yearly co-ordinated single system operational plan that takes into account the long-term strategic plans; the financial strategy; national requirements; local priorities; and which is approved by the Integrated Care Board.
- Develop a set of local planning parameters that all organisations work within for approval by the Integrated Care Board.
- Ensure there are robust capacity plans that supports the delivery of the operational plan.
- Ensure there is sufficient strategic capability around benchmarking; business intelligence; and evidence to support and inform the long and short- term plans.
- Ensure alignment to the yearly financial plan.
- Approve Business Cases within the delegated limits of the group.
- Manage any escalations from the System Planning Group.

Operational and Transformation Delivery

- Understand how the system is operating in keys areas and identify any resilience issues that need to be addressed whether that be capacity; demand; workforce or other factors.
- Act as an escalation point for operational resilience that cannot be solved within organisations or within the ICB Quality and Safety Committee.

- Receive assurance from the Operational Delivery Group and the Transformation Assurance Group that transformation programmes are delivering the required level of activity to meet the agreed yearly and long-term plans, both strategic and financial.

Commissioning

- Oversee the direct and specialised delegated functions and seek assurance from the Strategic Commissioning Group.
- Receive assurance from the Collaboratives that transformation programmes are delivering, and any identified risks have associated mitigations in place.
- To approve business cases for healthcare procurement (for commissioning or decommissioning and/or investment or disinvestment) with a total financial value up to £20,000,000 in total over the period of the contract (or three years if the investment is not time limited) for the ICB.
- Develop final proposals for the procurement process and approve these proposals in line with delegated authority.
- Monitor progress of procurement processes for healthcare services within the remit of the System Executive and provide assurance and recommendations to the Board as appropriate.
- Subject to the delegated authority, make recommendations to the Board on the outcome of the procurement evaluation or approve the award of contracts to the preferred bidder, if within the level of authority delegated to the System Executive.
- Keep under review progress made with commissioning and procurement activity, and other activity which should inform commissioning plans including finance and performance. Where necessary, report to the Board any such information which they should be aware of, particularly where it suggests that plans should be amended and escalation of risks identified.
- To approve contract award for healthcare procurements for a total financial value up to £20,000,000 in total over the period of the contract (or three years if the investment is not time limited) for the ICB.
- Where required, approve any contract variation to health care contracts for the ICB, including any changes to funding arrangements subject to the overall contract value not exceeding £20,000,000 in total for the ICB.
- Approve partnership agreements, including variations to the agreement, made under section 75.
- Ensure that suitable policies and procedures are in place to comply with relevant regulatory, legal and code of conduct requirements.

Quality, Safety and Performance

- Oversee and monitor delivery of the ICB key statutory requirements and national performance standards.
- Provide the Board with an accurate understanding of the system's current and forecast performance position. Develop and oversee the system's recovery plans to address and mitigate any risks.
- In accordance with the authority delegated to the System Executive, to receive recommendations and assurance on performance of healthcare service provision.
- Ensure there are actions in place to deal with any identified issues.

- Work collaboratively where a system approach is required to particular issues.
- Manage any escalations from the Clinical Executive and the ICB Quality and Safety Committee.

Have oversight of and approve the Terms of Reference and work programmes for the groups reporting into the Committee.

7. ACCOUNTABILITY and REPORTING ARRANGEMENTS

The System Executive is directly accountable to the ICB. The minutes of meetings shall be formally recorded. The Chair of the Committee shall report to the Board (public session) after each meeting and provide a report on assurances received, escalating any concerns where necessary.

The Committee will advise the Audit Committee on the adequacy of assurances available and contribute to the Annual Governance Statement.

The Committee will receive scheduled assurance report from its delegated groups.

Any delegated groups would need to be agreed by the ICB Board.

8. BEHAVIOURS AND CONDUCT

ICB values

Members will be expected to conduct business in line with the ICB values and objectives. Members of, and those attending, the Committee shall behave in accordance with the ICB's Constitution, Standing Orders, and Standards of Business Conduct / Conflicts of Interest Policy.

Equality and diversity

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

9. DECLARATIONS OF INTEREST

All members and those in attendance must declare any actual or potential conflicts of interest which will be recorded in the minutes. Anyone with a relevant or material interest in a matter under consideration will be excluded from the discussion at the discretion of the Committee Chair.

10. SECRETARIAT AND ADMINISTRATION

The Committee shall be supported by the Corporate Governance Team and / or the Executive Assistant to the Chief Executive this will include ensuring that:

- 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;

- Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not meet the minimum requirements;
- Records of members' appointments and renewal dates and the Board is prompted to renew membership and identify new members where necessary;
- Good quality minutes are taken in accordance with the standing orders and agreed with the chair and that a record of matters arising, action points and issues to be carried forward are kept;
- The Chair is supported to prepare and deliver reports to the Board;
- The Committee is updated on pertinent issues/ areas of interest/ policy developments;
- Action points are taken forward between meetings and progress against those actions is monitored.

11. REVIEW

The Committee will review its effectiveness at least annually and complete an annual report submitted to the Board.

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.

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.

Date of approval: XX approved by the NHS LLR ICB.

Date of review: April 2024

Appendix I – Finance Committee terms of reference

NHS Leicester, Leicestershire and Rutland Integrated Care Board

Finance Committee
Terms of Reference (v3, March 2023)

1. CONSTITUTION

The Finance Committee (the Committee) is established by the NHS Leicester, Leicestershire and Rutland Integrated Care Board (the Board or ICB) as a Committee of the Board in accordance with its Constitution.

These terms of reference set out the membership, the remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the Board.

The Committee will be chaired by a Non-Executive Director from either the ICB or from a NHS partner organisation, it is a committee of the Board and its members are bound by the Standing Orders and other policies of the ICB.

2. PURPOSE OF THE COMMITTEE

The Committee has been established to provide the ICB with assurance that it is delivering its statutory functions in relation to financial planning and management. The Committee exists to scrutinise the robustness of, and gain and provide assurance to the ICB, that there is an effective and sustainable system of financial planning and management and internal control that supports it to effectively deliver its strategic objectives and provide sustainable, high quality care.

The Committee will provide regular assurance updates to the ICB in relation to activities and items within its remit.

3. DELEGATED AUTHORITY

The 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.

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

4. MEMBERSHIP AND ATTENDANCE

Membership

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

The Board will appoint no fewer than four members of the Committee including two who are Non-Executive Members (one of whom will be from the ICB). Other attendees of the Committee need not be members of the Board, but they may be.

When determining the membership of the Committee, active consideration will be made to equality, diversity and inclusion.

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.

Members

- Non-Executive Director (from NHS partner organisation) – Non-Executive Director from Leicestershire Partnership Trust (Chair)
- Non-Executive Director – Remuneration and People (ICB) (vice Chair)
- Chief Finance Officer (ICB) or nominated deputy
- Chief Nursing Officer or the Chief Medical Officer or their respective deputies (ICB)
- Non-Executive Director from University Hospitals of Leicester NHS Trust (UHL)
- Chief Finance Officer from University Hospitals of Leicester NHS Trust (UHL) or nominated deputy
- Non-Executive Director from Leicestershire Partnership NHS Trust (LPT)
- Chief Finance Officer from Leicestershire Partnership NHS Trust (LPT) or nominated deputy

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. The following individuals may be asked to attend on a regular basis, however they would not form part of the membership and therefore do not have voting rights:

- Deputy Director of Finance (for system) (ICB)
- Non-Executive Member – Audit (ICB)
- Representative from East Midlands Ambulance Service
- NHS England / Improvement representative

Chair and vice chair

In accordance with the Constitution, the Committee will be chaired by a Non-Executive Member of the Board and the second Non-Executive Member will be the vice Chair of the Committee.

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.

If the Committee Chair has a conflict of interest then the vice chair or, if necessary, another member of the Committee will be responsible for deciding the appropriate course of action.

5. MEETING QUORACY AND DECISIONS

The Finance Committee shall meet on a monthly basis. Additional meetings may be convened on an exceptional basis at the discretion of the Committee Chair.

Quoracy

For a meeting to be quorate a minimum of four members will be required with either the Chair or the vice Chair present, plus the Chief Finance Officer (ICB) plus a member from UHL and a member from LPT.

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.

Where members are unable to attend they should ensure that a named and briefed deputy is in attendance who is able to participate on their behalf.

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

Decision making and voting

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.

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. The result of the vote will be recorded in the minutes.

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.

6. RESPONSIBILITIES OF THE COMMITTEE

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

- Gain assurance from the executive functions and provide assurance to the Board that there are robust processes in place for the effective management of:
    - financial strategy;
    - financial planning and management;

- financial performance, activity and control;
- capital expenditure and schemes; and
- financial risk management.

- Oversee and monitor delivery of the ICB key statutory requirements.

- Ensure that suitable policies and procedures are in place to comply with relevant regulatory, legal and code of conduct requirements.

- Have oversight of the Terms of Reference and work programmes for the groups reporting into the Finance Committee.

Financial Strategy

- Provide oversight of the financial strategy
- Receive and evaluate recommendations from the Executive Finance officers for the key financial priorities that are included within the ICB strategy/ annual plan, including priorities to address variation/ inequalities in care
- Oversight of payment policy reform and impact of commissioning reforms such as place based allocations
- Oversight of provider collaboration and impact on finance.

Financial planning

- Oversight of the development of system financial management information systems and processes, forming recommendations to the Board on the model of financial planning to be adopted and the contractual frameworks to be operated within the system.
- Provide assurance on the development and delivery of the continuous improvement and efficiency agenda

Financial performance and controls

- Have oversight of the monthly financial performance of the system and provide the Board with an accurate understanding of the system's current and forecast financial position and the development and oversight of the system's financial strategy/ recovery plans to address any underlying challenge.
- To review exception reports on any material in-year overspends against delegated budgets, including adequacy of any proposed remedial action plans
- Receive assurance that appropriate arrangements are in place to ensure robust system financial control.
- Consider proposals for the system financial architecture and financial controls required to ensure the system is able to meet the value for money criteria and ensure financial sustainability.

Capital

- Oversight of the system capital plans including robust in year monitoring and forecasting to provide the Board with an accurate understanding of the system's current and forecast position.

- Ensure capital plans are aligned to LLR strategic, clinical, operational and innovation priorities.

Financial risk management

- To have oversight of strategic financial risks on the Board Assurance Framework and high-risk operational risks and oversight of associated mitigations. Ensure the ICB is kept informed of significant risks and mitigation plans, in a timely manner

7. ACCOUNTABILITY and REPORTING ARRANGEMENTS

The Finance Committee is directly accountable to the ICB. The minutes of meetings shall be formally recorded. The Chair of the Committee shall report to the Board (public session) after each meeting and provide a report on assurances received, escalating any concerns where necessary.

The Committee will advise the Audit Committee on the adequacy of assurances available and contribute to the Annual Governance Statement

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

8. BEHAVIOURS AND CONDUCT

ICB values

Members will be expected to conduct business in line with the ICB values and objectives. Members of, and those attending, the Committee shall behave in accordance with the ICB's Constitution, Standing Orders, and Standards of Business Conduct / Conflicts of Interest Policy.

Equality and diversity

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

9. DECLARATIONS OF INTEREST

All members and those in attendance must declare any actual or potential conflicts of interest which will be recorded in the minutes. Anyone with a relevant or material interest in a matter under consideration will be excluded from the discussion at the discretion of the Committee Chair.

10. SECRETARIAT AND ADMINISTRATION

The Committee shall be supported by the Corporate Governance Team this will include ensuring that:

- 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;
- Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not meet the minimum requirements;
- Records of members' appointments and renewal dates and the Board is prompted to renew membership and identify new members where necessary;
- Good quality minutes are taken in accordance with the standing orders and agreed with the chair and that a record of matters arising, action points and issues to be carried forward are kept;
- The Chair is supported to prepare and deliver reports to the Board;
- The Committee is updated on pertinent issues/ areas of interest/ policy developments;
- Action points are taken forward between meetings and progress against those actions is monitored.

11. REVIEW

The Committee will review its effectiveness at least annually and complete an annual report submitted to the Board.

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.

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.

Date of approval: 13 April 2023 by the Board of the LLR ICB

Date of review: April 2024

Appendix J – Quality and Safety Committee terms of reference

(to be inserted subject to Board approval on 8 June 2023)

Appendix K – Health Equity Committee terms of reference

NHS Leicester, Leicestershire and Rutland Integrated Care Board

Health Equity Committee
Terms of Reference (v3, April 2023)

1. CONSTITUTION

The Health Equity Committee (the Committee) is established by the NHS Leicester, Leicestershire and Rutland Integrated Care Board (the Board or ICB) as a Committee of the Board in accordance with its Constitution.

These terms of reference set out the membership, the remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the Board.

The Committee will be chaired by a Non-Executive Director of the ICB, it is a committee of the Board and its members are bound by the Standing Orders and other policies of the ICB.

2. PURPOSE OF THE COMMITTEE

The Committee has been established to provide the ICB with assurance that it is delivering its statutory functions in relation to reducing healthcare inequalities and making decisions to enable inclusion, improve overall health outcomes for patients and service users, and reduce unwarranted health inequity. The Committee exists to scrutinise the robustness of, and gain and provide assurance to the ICB, that there is an effective and sustainable system of monitoring our progress in reducing health inequalities that supports effective delivery of the ICB's strategic objectives and provides sustainable, high quality care.

The Committee will provide regular assurance updates to the ICB in relation to activities and items within its remit.

3. DELEGATED AUTHORITY

The 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.

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

4. MEMBERSHIP AND ATTENDANCE

Membership

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 who are Non-Executive Members of the Board (from the ICB). Other attendees of the Committee need not be members of the Board, but they may be.

When determining the membership of the Committee, active consideration will be made to equality, diversity and inclusion.

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.

Members

- ICB Non-Executive Director – Health Inequalities, Public Engagement, Third Sector and Carers (Chair)
- ICB Non-Executive Director – Quality, Safety, Performance and Transformation (vice Chair)
- ICB Chief Strategy and Planning Officer or nominated deputy
- ICB Chief People Officer or nominated deputy
- ICB Chief Finance Officer or nominated deputy
- Public health leads for Leicester, Leicestershire and Rutland or nominated deputy
- ICB Clinical lead – for health inequalities
- Health Equity Lead for Leicestershire Partnership NHS Trust
- Health Inequalities Lead for University Hospitals of Leicester NHS Trust

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. The following individuals may be asked to attend on a regular basis, however they would not form part of the membership and therefore do not have voting rights:

- Representative from Healthwatch Leicester and Leicestershire
- Representative from Healthwatch Rutland

Chair and vice chair
In accordance with the Constitution, the Committee will be chaired by a Non-Executive Member of the Board and the second Non-Executive Member will be the vice Chair of the Committee.

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.

If the Committee Chair has a conflict of interest then the vice chair or, if necessary, another member of the Committee will be responsible for deciding the appropriate course of action.

5. MEETING QUORACY AND DECISIONS

The Health Equity Committee shall meet on a bi-monthly basis. Additional meetings may be convened on an exceptional basis at the discretion of the Committee Chair.

Quoracy
For a meeting to be quorate a minimum of four members will be required with the Chair or vice Chair being present, an ICB executive director or nominated deputy and two other members.

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.

Where members are unable to attend they should ensure that a named and briefed deputy is in attendance who is able to participate on their behalf.
If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

Decision making and voting

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.

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. The result of the vote will be recorded in the minutes.

The Committee may conduct its business on a 'virtual' basis through the use of appropriate technological support including telephone, email or other electronic communication. Where meetings are held in person, 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.

6. RESPONSIBILITIES OF THE COMMITTEE

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

a) Gain assurance from the executive functions and provide assurance to the Board that the NHS's goal for reducing healthcare inequalities is being achieved through the population of LLR receiving exceptional quality healthcare through equitable access, excellent experience, and optimal outcomes.
b) Seek assurance that the system health inequalities strategy is being delivered effectively and that this is underpinned by a framework that details a plan and actions to take to affect the causes of health inequalities, actions such as proportionate universalism.

c) Ensure delivery of better health outcomes for all its population.

d) Be assured that the leadership across the system is inclusive.

e) Ensure there is a representative and supported workforce.

f) Influence to ensure equality and inclusion are embedded within key health care policy, strategy, programmes of work and in the delivery of services.

g) Ensure that suitable policies and procedures are in place to comply with relevant regulatory, legal and code of conduct requirements.

h) Support the interface with other Board Committees to ensure effective implementation of the priorities relating to equity and inclusion.

i) Provide oversight of the equity and inclusion strategy and associated frameworks and implementation plans.

j) To have oversight of strategic risks on the Board Assurance Framework and high-risk operational risks and oversight of associated mitigations. Ensure the ICB is kept informed of significant risks and mitigation plans, in a timely manner

7. ACCOUNTABILITY and REPORTING ARRANGEMENTS

The Health Equity Committee is directly accountable to the ICB. The minutes of meetings shall be formally recorded. The Chair of the Committee shall report to the Board (public session) after each meeting and provide a report on assurances received, escalating any concerns where necessary.

The Committee will advise the Audit Committee on the adequacy of assurances available and contribute to the Annual Governance Statement.

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

8. BEHAVIOURS AND CONDUCT

ICB values

Members will be expected to conduct business in line with the ICB values and objectives. Members of, and those attending, the Committee shall behave in accordance with the ICB's Constitution, Standing Orders, and Standards of Business Conduct / Conflicts of Interest Policy.

Equality and diversity

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

9. DECLARATIONS OF INTEREST

All members and those in attendance must declare any actual or potential conflicts of interest which will be recorded in the minutes. Anyone with a relevant or material interest in a matter under consideration will be excluded from the discussion at the discretion of the Committee Chair.

10. SECRETARIAT AND ADMINISTRATION

The Committee shall be supported by the Corporate Governance Team this will include ensuring that:

- 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;
- Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not meet the minimum requirements;
- Records of members' appointments and renewal dates and the Board is prompted to renew membership and identify new members where necessary;
- Good quality minutes are taken in accordance with the standing orders and agreed with the chair and that a record of matters arising, action points and issues to be carried forward are kept;
- The Chair is supported to prepare and deliver reports to the Board;
- The Committee is updated on pertinent issues/ areas of interest/ policy developments;
- Action points are taken forward between meetings and progress against those actions is monitored.

11. REVIEW

The Committee will review its effectiveness at least annually and complete an annual report submitted to the Board.

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.

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.

Date of approval: on XX by the Board of the LLR ICB.

Date of review: April 2024

Appendix L – Joint Committee of the East Midlands Integrated Care Boards

Joint Committee of the East Midlands Integrated Care Boards - Terms of Reference

Document name:		**Joint Committee of the East Midlands Integrated Care Boards - Terms of Reference**	
Senior Responsible Owner (SRO):		**Toby Sanders**	
Lead:		Neil Boughton	
Version	1.0	**Date:**	01/04/2023

Introduction and purpose	The Joint Committee has been established by the ICBs as listed: **Integrated Care Board** of **NHS Derby and Derbyshire**, **Integrated Care Board** of **NHS Leicester, Leicestershire and Rutland**, **Integrated Care Board** of **NHS Lincolnshire**, **Integrated Care Board** of **NHS Northamptonshire,** **Integrated Care Board** of **NHS Nottingham and Nottinghamshire.** From April 2023, the Integrated Care Boards (ICBs) named above enter into a Joint Working Agreement (the Agreement) for the purposes of collaboratively and jointly discharging the commissioning responsibilities covering the East Midlands geographical footprint as set out in Schedule 3 of the Agreement, and for any associated Joint Functions set out in Schedule 4 of the Agreement.. The ICBs form a statutory Joint Committee to collaboratively make decisions on the planning and delivery, including resource allocation, oversight and assurance, of Services for which they have delegated the authority to the Committee, to improve health and care outcomes and reduce health inequalities. Subject to Clauses 7.1 and 7.2 of this Agreement (Further Collaborative Working), the Partners may, to such extent that they consider it desirable, table an item at the Joint Committee relating to any other of their functions that is part of the Agreement to facilitate engagement, promote integration and collaborative working. The Partners may establish sub-groups or sub-committees of the Joint Committee, with such Terms of Reference as may be agreed between them. Any such arrangements that are in place at the commencement of the Joint Working Agreement may be documented in the Local Terms (Schedule 9).
The Terms of Reference	These Terms of Reference support effective collaboration between all Partners acting through this Joint Committee. They set out the role, responsibilities, membership, decision-making powers, and reporting arrangements of the Joint Committee in accordance with the Agreement between the ICBs. The Joint Committee will operate as the decision-making forum for exercising the agreed Joint Functions in accordance with the Agreement. By agreement, the Partners may use an alternative title for the Joint Committee that reflects local arrangements, for example, ‘Commissioning Committee.’

Statutory Framework	The Partners have arranged to exercise the Relevant Functions jointly pursuant to section 65Z5 of the NHS Act 2006. The Joint Committee is established pursuant to section 65Z6 of the NHS Act 2006. Unless set out otherwise within the Agreement, the Joint Committee does not affect, and must act in accordance with, the statutory responsibilities and accountabilities of the Partners.
Role of the Joint Committee	The role of the Joint Committee is to provide strategic decision-making, leadership and oversight for the collaborative working and joint commissioning of services and any associated activities. The Joint Committee and aligned subsidiary arrangements will safely, effectively, efficiently and economically discharge the Joint Functions and deliver these services through the following key responsibilities:- • Determining the appropriate structure of the Joint Committee; • Making joint decisions in relation to the planning and commissioning of the services, and any associated commissioning or statutory functions, for the population, for example, through undertaking population needs assessments; • Making recommendations on population-based services financial allocation and financial plans; • Identifying and setting strategic priorities and undertaking ongoing assessment and review of services within the remit of the Joint Committee and aligned subsidiary arrangements, including tackling unequal outcomes and access; • Supporting the development of partnership and integration arrangements with other health and care bodies that facilitate population health management and providing a forum that enables collaboration to integrate service pathways, improve population health and services and reduce health inequalities. This includes establishing links and working effectively with parties such as Provider Collaboratives and cancer alliances, and working closely with other ICBs, Joint Committees, NHSE, provider collaboratives, local authorities and alliances.; • Oversight and assurance of the services in relation to quality, operational and financial performance, including co-ordinating risk / issue management or escalation; and developing the approach to intervention with Service Providers where there are quality or contractual issues; • Ensuring effective engagement with stakeholders, including patients and the public, and involving them in decision-making; • Ensuring appropriate clinical advice and leadership, including through Clinical Reference Groups and relevant Clinical Networks; • Determining the appropriate structure of subsidiary arrangements that enable the Joint Committee to discharge it authorities and functions, and to which the Joint Committee may seek to delegate the undertaking of such authority and functions on its behalf. • Discussing any matter which any member of the Joint Committee believes to be of such importance that it should be brought to the attention of the Joint Committee; • Where agreed by the Partners, overseeing the Collaborative Commissioning Agreements set out in the Joint Working Arrangement;

	• Otherwise ensuring that the roles and responsibilities set out in the Agreement between the Partners are discharged. • Otherwise ensuring that the roles and responsibilities set out in the Agreement between the Partners are discharged in compliance with all statutory duties, guidance and good practice, including ensuring that the Joint Committee and aligned subsidiary arrangements have sufficient independent scrutiny of its decision-making and processes. The Partners must implement such arrangements as are necessary to demonstrate good decision-making and compliance with all statutory duties, guidance and good practice, including ensuring that the Joint Committee has sufficient independent scrutiny of its decision-making and processes.
Accountability and reporting	The Joint Committee will be formally accountable to the Boards of the ICBs for the functions delegated to the Joint Committee through the Schemes of Reservation and Delegation (SORDs). Where an ICB Board requests that the Joint Committee provides information or reports on its proceedings or decisions, the Partners must comply with that request within a reasonable timescale.
Membership	<u>Core Membership</u> The following individuals will be the core members of the Joint Committee:- • An Authorised Officer (the CEO) from each ICB • A Chair or a Non-Executive Member from each ICB Each of the Core Members may nominate a named substitute to attend meetings if they are unavailable or unable to attend or because they are conflicted. Each of the Partners must ensure that the members nominated on their behalf (and any named substitutes) are of a suitable level of seniority and duly authorised to act on its behalf and to agree to be bound by the final position or decision taken at any meeting of the Joint Committee. One of the authorised officers from a single ICB will act as the Executive Lead for the Joint Committee, it is expected therefore that the Chair of the Joint Committee be nominated from another ICB. <u>Discretionary Membership</u> Each of the Partners may be represented at meetings by representatives (who may be officers or Non-Executive Members / Directors of the ICB) who may observe proceedings and contribute to the deliberations as required, but these will not have the right to vote. The Partners may also identify individuals or representatives of other organisations that may be invited to observe proceedings and contribute to the Joint Committee's deliberations as required. These representatives will not have the right to vote. <u>Term of Membership</u> Members (and any substitutes appointed) will hold their appointment until the partner they represent nominates an alternative member or they cease to hold their substantive role with the relevant partner.

	Membership Lists The Chair (or in the absence of a Chair, the Partners themselves) shall ensure that there is prepared (and updated from time to time) a list of the members and that this list is made available to the Partners.
Chair	At the first meeting of the Joint Committee, the Core Membership shall select a Chair, or joint Chairs, from among the membership. The Chair(s) shall hold office for a period of 12 months. At the first scheduled meeting after the expiry of the Chair's term of office, the Core Membership will select a Chair, or joint Chairs, who will assume office at that meeting and for the ensuing term. If the Chair(s) is / are not in attendance at a meeting, the Core Membership will select one of the members to take the chair for that meeting.
Meetings	The Joint Committee shall meet at least quarterly. At its first meeting (and at the first meeting following each subsequent anniversary of that meeting) the Joint Committee shall prepare a schedule of meetings for the forthcoming year ("the Schedule"). The Chair(s), or in the absence of a Chair, the Partners themselves, shall see that the Schedule is notified to the members. Any of the Partners may call for a special meeting outside of the Schedule as they see fit, by giving notice of their request to the Chair. The Chair(s) may, following consultation with the Partners, confirm the date on which the special meeting is to be held and then issue a notice giving not less than four weeks' notice of the special meeting.
Quorum	A Joint Committee meeting is quorate if the following are in attendance: • At least one representative member (or substitute) from each ICB. • One Non-Executive Member/ Director member from any Partner ICB. Attendance at meetings by telephone/video conferencing will count towards the quorum.
Decisions and veto.	The Committee must seek to make decisions relating to the exercise of the Joint Functions on a consensus basis. The Partners must ensure that matters requiring a decision are anticipated and that sufficient time is allowed prior to Joint Committee meetings for discussions and negotiations between Partners to take place. Where it has not been possible, despite the best efforts of the Core Membership, to come to a consensus decision on any matter before the Joint Committee, Chair may require the decision to be put to a vote in accordance with the following provisions:- • For decisions each ICB will have one vote with decisions being made by a simple majority of those voting. Any dissenting votes will be recorded in the minute of the meeting. Any disputes will be resolved using the dispute resolution process outline in the Agreement. No Partner ICB has the authority to Veto a decision made.
Conduct and conflicts of interest	Members will be expected to act consistently with existing statutory guidance, NHS Standards of Business Conduct and relevant organisational policies. The NHS Standards of Business Conduct policy is available from: https://www.england.nhs.uk/publication/standards-of-business-conduct-policy/ Members should act in accordance with the Nolan Principles (the Seven Principles of Public Life): https://www.gov.uk/government/publications/the-7-principles-of-public-life

	Members should refer to and act consistently with the NHSE guidance: *Managing Conflicts of Interest in the NHS: Guidance for staff and organisations*. See: https://www.england.nhs.uk/ourwork/coi/ Where any member has an actual or potential conflict of interest in relation to any matter under consideration, the Chair (with appropriate advice) will determine the appropriate action to be taken in line with the principles of proportionality and preserving the spirit of collaborative decision making. Such action could include the member not participating in meetings (or parts of meetings) in which the relevant matter is discussed, or from the decision making and/or voting on the relevant item. A Partner whose Authorised Officer is conflicted in this way may secure. that their named substitute attends the meeting (or part of meeting) in the place of that member. A record of how the conflict has been managed will be recorded in the minutes.
Confidentiality of proceedings	The Committee is not subject to the Public Bodies (Admissions to Meetings) Act 1960. Admission to meetings is at the discretion of the Partners. All members in attendance are required to give due consideration to the possibility that the material presented to the meeting, and the content of any discussions, may be confidential or commercially sensitive, and to not disclose information or the content of deliberations outside of the meeting's membership, without the prior agreement of the Partners.
Publication of notices, minutes and papers	The Partners shall provide sufficient resources, administration and secretarial support to ensure the proper organisation and functioning of the Committee. The Chair(s), or in the absence of a Chair, the Partners themselves, shall see that notices of meetings, together with an agenda listing the business to be conducted and supporting documentation, is issued to the Partners one working week (or, in the case of a special meeting, three calendar days prior to the date of the meeting). The proceedings and decisions taken shall be recorded in minutes, and those minutes circulated in draft form within two weeks of the date of the meeting. The Committee shall confirm those minutes at its next meeting.
Review of the Terms of Reference	These terms of reference will be reviewed within twelve months of the committee's establishment and then at least annually thereafter. Any changes to the committee's decision-making membership or core functions must be approved by the partners. Other changes to the terms of reference may be agreed by the committee and reported to the Partners for assurance.

Appendix M - Eligible Providers of Primary Medical Services across LLR

Leicester, Leicestershire and Rutland

Primary Medical Care Service providers and Primary Care Networks (April 2023)

Leicestershire PCN

PCN NAME	PRACTICE CODE	PRACTICE NAME	CD	PCN MANAGER
BEACON PCN	C82041	CHARNWOOD MEDICAL GROUP	annapurna.rao@nhs.net	Alison.Hipkin@nhs.net
	C82064	FOREST HOUSE SURGERY	geoffreyp.hanlon@nhs.net	Kristy.Mackinson1@nhs.net
	C82656	FIELD STREET SURGERY		Helen.Rose8@nhs.net
	C82103	DISHLEY GRANGE MEDICAL PRACTICE		
BOSWORTH PCN	C82051	NEWBOLD VERDON MED.PRACT.	james.ogle@nhs.net	nicola.warren1@nhs.net
	C82121	HEATH LANE SURGERY		
	C82650	DESFORD MEDICAL CENTRE		Claire.Wood43@nhs.ne
	C82634	RATBY SURGERY		
CARILLON PCN	C82026	BRIDGE STREET MEDICAL PRACTICE	ls.borrill@nhs.net	Alison.Hipkin@nhs.net
	C82035	PARK VIEW SURGERY		Kristy.Mackinson1@nhs.net
	C82070	WOODBROOK MEDICAL CENTRE		Helen.Rose8@nhs.net
	C82011	PINFOLD MEDICAL PRACTICE		
	C82111	NN VAGHELA'S PRACTICE		
FOSSEWAY PCN	C82054	THE BURBAGE SURGERY	vikram.bolarum@nhs.net	nicola.warren1@nhs.net
	C82027	THE OLD SCHOOL SURGERY		
	C82093	THE ORCHARD MED PRACTICE		Claire.Wood43@nhs.net
	C82061	BARWELL & HOLLYCROFT MEDICAL CENTRES		
HINCKLEY CENTRAL PCN	C82075	CASTLE MEAD MEDICAL CENTRE	ray.dockrell1@nhs.net	nicola.warren1@nhs.net
	C82082	THE CENTRE SURGERY		
	C82047	MAPLES FAMILY MED.PRACT.		Claire.Wood43@nhs.net
	C82043	STATION VIEW HEALTH CENTRE		

Leicestershire PCN

PCN NAME	PRACTICE CODE	PRACTICE NAME	CD	PCN MANAGER
CROSS COUNTIES PCN	C82001	SOUTH LEICESTERSHIRE MEDICAL PARTNERSHIP	anuj.chahal1@nhs.net ricky.badiani@nhs.net	chris.lyon3@nhs.net rachael.plews@nhs.net
	C82022	THE BILLESDON SURGERY		
	C82067	THE CROFT MEDICAL CENTRE		
G3 PCN	C82056	THE GLENFIELD SURGERY	n.chotai@nhs.net	shahid.akhtar1@nhs.net
	C82005	GROBY ROAD MEDICAL CENTRE		
	C82628	GROBY SURGERY		
MELTON, SYSTON AND VALE PCN	C82038	LATHAM HOUSE MEDICAL PRACTICE	fahreen.dhanji@nhs.net	lynne.abley@nhs.net
	C83653	STACKYARD		
	C82016	LONG CLAWSON MEDICAL PRACTICE		
	C82078	THE JUBILEE MEDICAL PRACTICE		
	C82042	THE COUNTY PRACTICE		
MARKET HARBOROUGH & BOSWORTH PCN	C82009	MARKET HARBOROUGH MED.CTR	hamantk.mistry@nhs.net	dan.markovic@nhs.net karen.partyka1@nhs.net
	C82112	SPECTRUM HEALTH		
	C82109	HUSBANDS BOSWORTH MEDICAL CENTRE		
NORTH BLABY PCN	C82039	KINGS WAY SURGERY	ricky.badiani@nhs.net	chris.lyon3@nhs.net rachael.plews@nhs.net
	C82055	THE LIMES MEDICAL CENTRE		
	C82066	FOREST HOUSE MEDICAL CENTRE		
	C82631	ENDERBY MEDICAL CENTRE		
OADBY & WIGSTON PCN	C82079	SOUTH WIGSTON HEALTH CTR.	ravi.sahdev@nhs.net mark.shaffu@nhs.net	james.watkins3@nhs.net
	C82021	THE CENTRAL SURGERY		
	C82071	WIGSTON CENTRAL SURGERY		
	C82013	BUSHLOE SURGERY		
	C82048	ROSEMEAD DRIVE SURGERY		
SOUTH BLABY & LUTTERWORTH PCN	C82098	HAZELMERE MEDICAL CENTRE	danny.jones3@nhs.net	james.goode1@nhs.net
	C82002	COUNTESTHORPE HEALTH CENTRE		
	C82068	NORTHFIELD MEDICAL CENTRE		
	C82025	THE WYCLIFFE MEDICAL PRACTICE		
	C82611	THE MASHARANI PRACTICE		

Leicestershire PCN (Cont.)

PCN NAME	PRACTICE CODE	PRACTICE NAME	CD	PCN MANAGER
NORTH WEST LEICESTERSHIRE PCN	C82050	DR NR PULMAN'S PRACTICE	mj.aram@nhs.net k.moore@gp-C82017.nhs.uk	Jake.Cooke@nhs.net Samantha.Hayes6@nhs.net
	C82052	DR AM LEWIS' PRACTICE		
	C82012	IBSTOCK HOUSE SURGERY		
	C82072	BROOM LEYS SURGERY		
	C82096	HUGGLESCOTE SURGERY		
	C82028	MARKFIELD MEDICAL CENTRE		
	C82045	THE SURGERY		
	C82102	MANOR HOUSE SURGERY		
	C82120	WHITWICK HEALTH CENTRE		
	C82017	MEASHAM MEDICAL UNIT		
	C82007	CASTLE DONINGTON SURGERY		
	C82014	CASTLE MEDICAL GROUP		
SOAR VALLEY PCN	C82032	DR NW OSBORNE'S PRACTICE	umar.abdulmajid@nhs.net	Alison.Hipkin@nhs.net Kristy.Mackinson1@nhs.net Kristy.Mackinson1@nhs.net
	Y00252	DR SJC CLAY'S PRACTICE		
	C82062	BARROW HEALTH CENTRE		
	C82600	THE BANKS SURGERY		
	C82095	ALPINE HOUSE SURGERY		
	C82034	QUORN MEDICAL CENTRE		
	C82644	DR MK LAKHANI'S PRACTICE		
	C82097	CHARNWOOD SURGERY		
WATERMEAD PCN	C82678	THURMASTON HEALTH CENTRE	asma.bukhari@nhs.net	Alison.Hipkin@nhs.net Kristy.Mackinson1@nhs.net Helen.Rose8@nhs.net
	C82003	GREENGATE MEDICAL CENTRE		
	C82091	BIRSTALL MEDICAL CENTRE		
	C82627	SILVERDALE MEDICAL CENTRE		

Rutland PCN

PCN NAME	PRACTICE CODE	PRACTICE NAME	CD	PCN MANAGER
RUTLAND HEALTH PCN	C82010	OAKHAM MEDICAL PRACTICE	jamesburden@nhs.net	clare.jackson24@nhs.net
	C82077	THE UPPINGHAM SURGERY		
	C82044	EMPINGHAM MEDICAL CENTRE		nicola.turnbull5@nhs.net
	C82649	MARKET OVERTON & SOMERBY SURGERIES		

Leicester City PCN

PCN NAME	PRACTICE CODE	PRACTICE NAME	CD	PCN MANAGER
AEGIS HEALTHCARE PCN	Y00137	THE WILLOWS MEDICAL CENTRE	rishabh.prasad@nhs.net	farahnaz.pinto@nhs.net kavita.kachiwala@nhs.net
	C82122	CLARENDON PARK ROAD HEALTH CENTRE		
	C82623	HEATHERBROOK SURGERY		
	C82060	THE PRACTICE-SAYEED		
	C82105	AR-RAZI MEDICAL CENTRE		
	C82626	PASLEY ROAD HEALTH CENTRE		
	C82029	WILLOWBROOK MEDICAL CENTRE		
BELGRAVE & SPINNEY HILL PCN	C82037	EAST PARK MEDICAL CENTRE	prakash.pancholi1@nhs.net	Anisah.ikleriya@nhs.net Pritesh.pancholi@nhs.net
	C82024	SPINNEY HILL MEDICAL CENTRE		
	C82667	THE CHARNWOOD PRACTICE		
	C82651	BROADHURST ST MED PRACT		
	C82084	DR B MODI		
CITY CARE ALLIANCE PCN	C82680	RUSHEY MEAD HEALTH CENTRE	umesh.roy@nhs.net	Maxine.Rowley@spirit-clinical.co.uk
	C82073	MERRIDALE MEDICAL CENTRE		
	C82114	DR U K ROY		
	C82614	ASQUITH SURGERY		
	C82610	THE PARKS MEDICAL CENTRE		
	C82624	THE PRACTICE BEAUMONT LEYS		
LEICESTER CENTRAL PCN	C82642	HIGHFIELDS MEDICAL CENTRE	rajiv.wadhwa@nhs.net	helen.feely1@nhs.net dina.kotecha@nhs.net
	Y02469	HERON GP PRACTICE		
	Y02686	BOWLING GREEN STREET SURGERY		
	C82080	SHEFA MEDICAL PRACTICE		
	C82643	COMMUNITY HEALTH CENTRE		
	C82116	HIGHFIELDS SURGERY		
LEICESTER CITY SOUTH PCN	C82046	SAFFRON GROUP PRACTICE	amit.rastogi2@nhs.net	s.cousins1@nhs.net Philippa.guy@nhs.net
	C82019	STURDEE ROAD HEALTH AND WELLBEING CENTRE		
	C82100	THE HEDGES MEDICAL CENTRE		
	C82670	INCLUSION HEALTHCARE		
	Y00344	LEICESTER CITY ASSIST PRACTICE		

Leicester City PCN (cont.)

PCN NAME	PRACTICE CODE	PRACTICE NAME	CD	PCN MANAGER
SALUTEM PCN	C82676	ST ELIZABETH'S MEDICAL CENTRE	aileen.tincello@nhs.net	katie.billson@nhs.net
	C82030	DOWNING DRIVE SURGERY		
	C82031	JOHNSON MEDICAL PRACTICE		
	C82033	HUMBERSTONE MEDICAL CENTRE		
	C82063	EAST LEICESTER MED PRACTICE		
LEICESTER CITY & UNIVERSITY PCN	C82124	VICTORIA PARK HEALTH CENTRE	aruna.garcea@nhs.net	krishna.solanki@nhs.net
	C82008	OAKMEADOW SURGERY		
	C82053	HOCKLEY FARM MED PRACT		
MILLENNIUM PCN	C82086	FOSSE MEDICAL CENTRE	moses.bandrapalli1@nhs.net	dinesh.vadgama@nhs.net (temp)
	C82018	PARKER DRIVE SURGERY/ MANOR MC		
	C82094	BEAUMONT LODGE MEDICAL PRACTICE		
	C82662	WALNUT ST MED CTR		
ORION PCN	C82020	DE MONTFORT SURGERY	gopi.boora@nhs.net	dinesh.vadgama@nhs.net
	C82059	WESTCOTES GP SURGERY (ONE)		
	C82620	DR S SHAFI		
	C82107	COSSINGTON PARK SURGERY		
	C82092	AYLESTONE HEALTH CENTRE		
	C82653	WESTCOTES GP SURGERY (TWO)		
	C82639	WESTCOTES HEALTH CENTRE		
THE LEICESTER FOXES PCN	C82088	HORIZON HEALTHCARE	khalid.choudhry2@nhs.net	kamlesh.parmar@nhs.net
	C82660	ST PETER'S MED CENTRE		
	C82671	DR GANDECHA & PARTNER		
	C82099	AL-WAQAS MEDICAL CENTRE		
	C82669	THE SURGERY @ AYLESTONE		
	C82659	DR R KAPUR & PARTNERS		
	C82119	NARBOROUGH ROAD SURGERY		