Leicester, Leicestershire and Rutland
Integrated Care Board

# Governance Handbook

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## Version Control

| Version number | Approval / Amendments made | Date (Month / Year) |
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| 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. | May 2023 |
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**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


# 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 to include two additional executive members and amended executive officer titles. LLR ICB Board approved amendments. | June 2023 |
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## 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)

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**:**<br>• 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<br><br>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** (v3, June 2023 APPROVED)

**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<br>b) Exercising its functions effectively, efficiently and economically.<br>c) Duties in relation to children including safeguarding and promoting welfare.<br>d) Adult safeguarding and carers (the Care Act 2014)<br>e) Equality, including the public-sector equality duty<br>f) Information law<br>g) Provisions of the Civil Contingencies Act 2004.<br>h) Improvement in quality of services.<br>i) Reducing inequalities.<br>j) Obtaining appropriate advice.<br>k) Duty to have regard to effect of decisions.<br>l) Public involvement and consultation.<br>m) Financial duties.<br>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. | ✓ | | | | | | | | |

## 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 |
| **REGULATION AND CONTROL** | 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 / de-commissioning, investing / disinvesting in services across LLR in line with Delegation Agreement, including approving expenditure against the primary care commissioning budget. | | | | | | | | | **Strategic Commissioning Group (Group reporting to System Executive)** |
| | 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 | | | | | | | | | **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 |
| | primary care commissioning budgets (this function will be exercised for decisions outwith the East Midlands ICBs' Joint 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 | ✓ | | | | | | | | |

| 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 |
| | within LLR, having regard to the Partnership integrated care strategy and place health and wellbeing strategies. | | | | | | | | | |
| **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. | | ✓ | | | | | | | |

## 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 |
| | Approval of the arrangements for discharging the ICB's statutory financial duties. | ✓ | | | | | | | | |
| **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. | | | ✓ | | | | | | |

## 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 |
| | For all staff:<br>• Determine the ICB pay policy (including the adoption of pay frameworks such as Agenda for Change);<br>• 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. | | | ✓ | | | | | | |

| 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 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. | | | | ✓ | | | | | |
| **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. | | ✓ | | | | | | | |

## 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 |
| | Approve the counter fraud policies. | | ✓ | | | | | | | |
| | Approve the security management policies. | | | | ✓ | | | | | |
| | Approval of the ICB's risk management arrangements. | ✓ | | | | | | | | **Supported by Executive Management Team** |
| | 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** |

| 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 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** |
| **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. | | | | ✓ | | | | | |

| 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 e.g. infrastructure, HR, payroll, back office support services, including all services commissioned from the commissioning support unit) within delegated limits. | | | | ✓ | | | | | |
| | 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 | | | | | | | | | **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 |
| | 2006 Act, including variations to the agreements. | | | | | | | | | |
| | Approval of collaborative commissioning arrangements and agreements (in line with financial delegated authority). | | | | | | | | | **System Executive** |
| | Approval of collaborative commissioning arrangements and 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. | ✓ | | | | | | | | |

| 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 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 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 | | | | | | | | | **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 |
| | the Operational / Financial Plan by the board. | | | | | | | | | |
| | 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** |

| 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 |
| | 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. | | | | | | | | | **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) | | | | | | | | | **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 | | | | ✓ | | | | | |

| 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 |
| | 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 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 | | | | ✓ | | | | | |

| 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 |
| | arrangements subject to the overall 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

**(v3, June 2023)**

A proud partner in the:

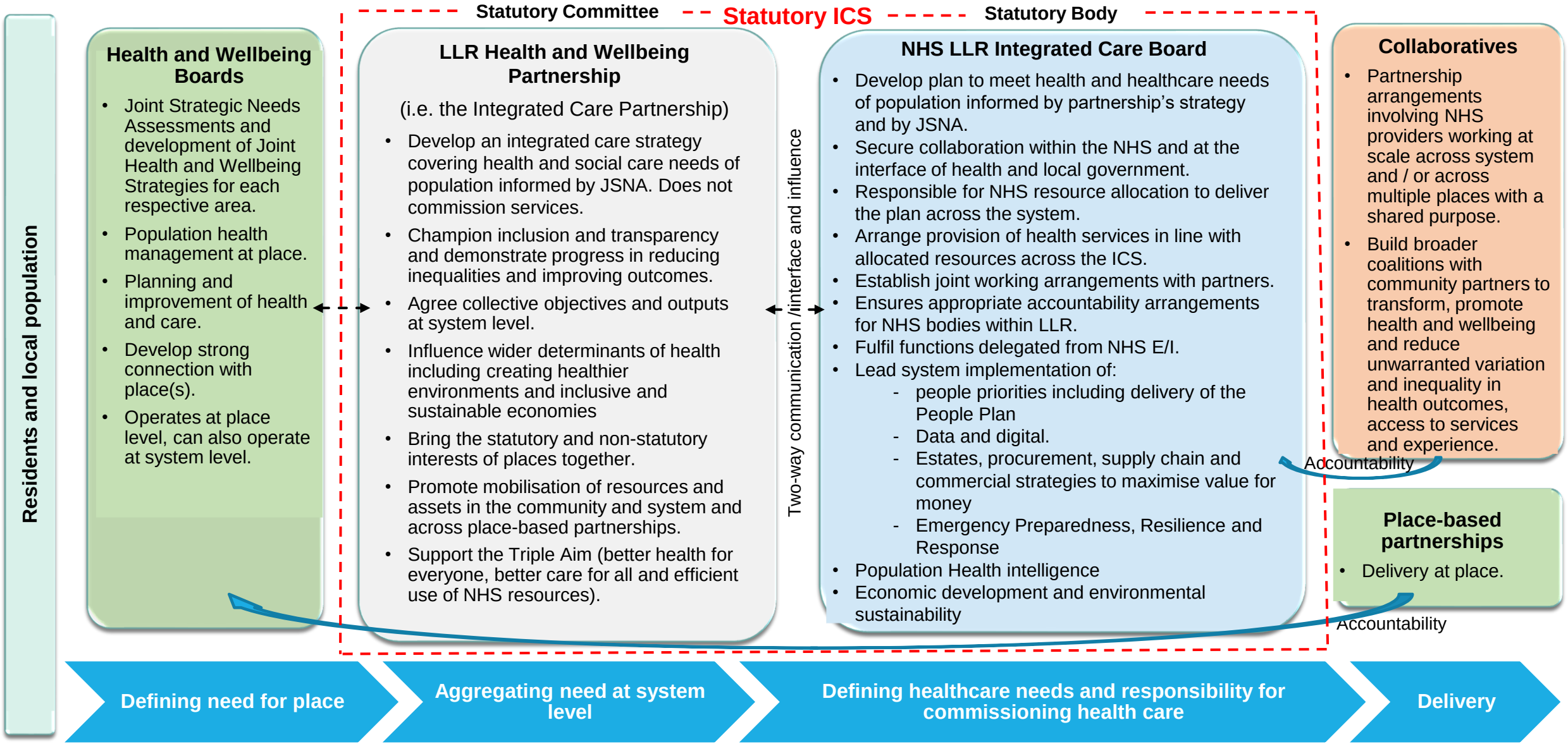
Leicester, Leicestershire and Rutland
Health and Wellbeing Partnership

# Introduction

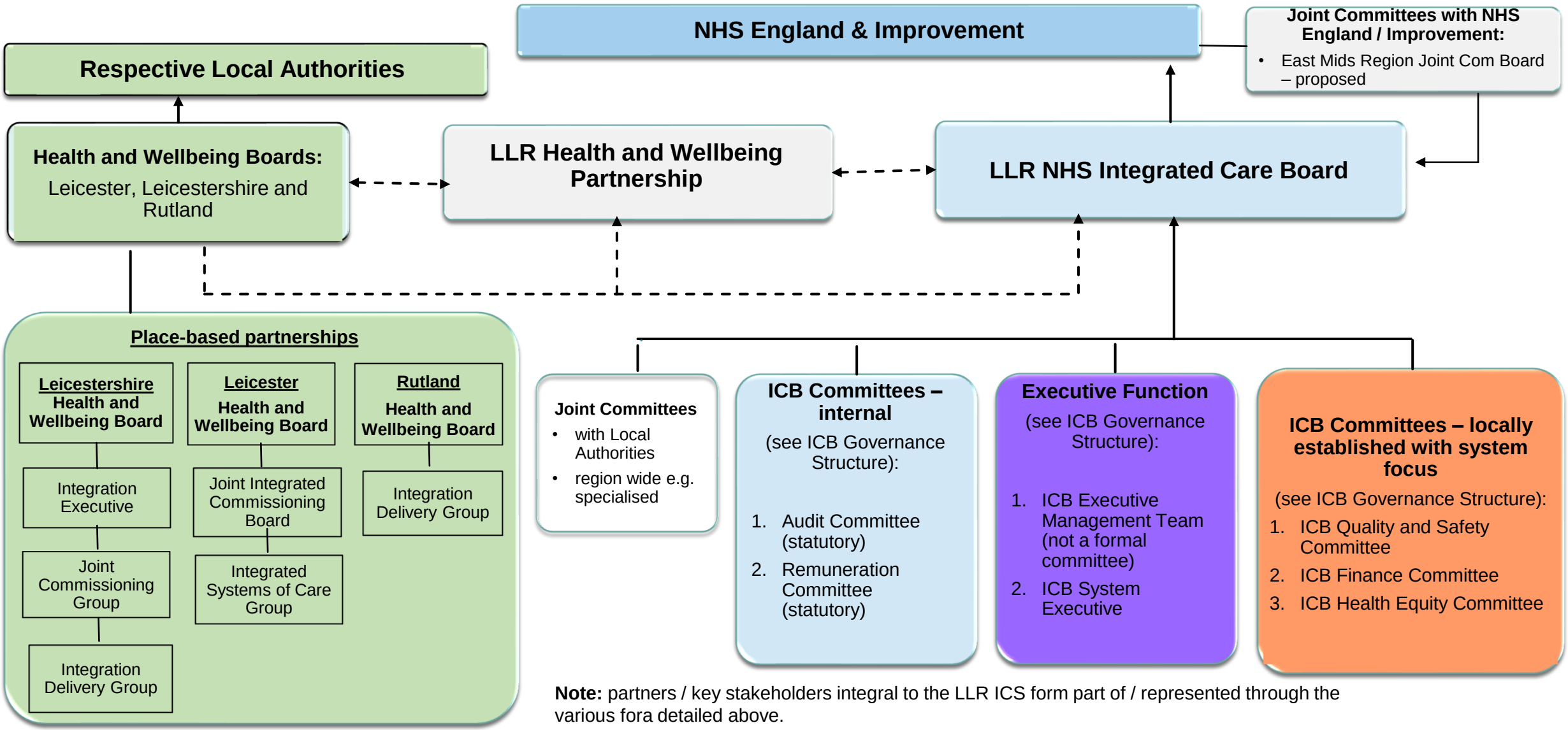
This Functions and Decision Map is a high-level structural chart that sets out where key ICB functions are delegated and where decisions are made across the system.

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)

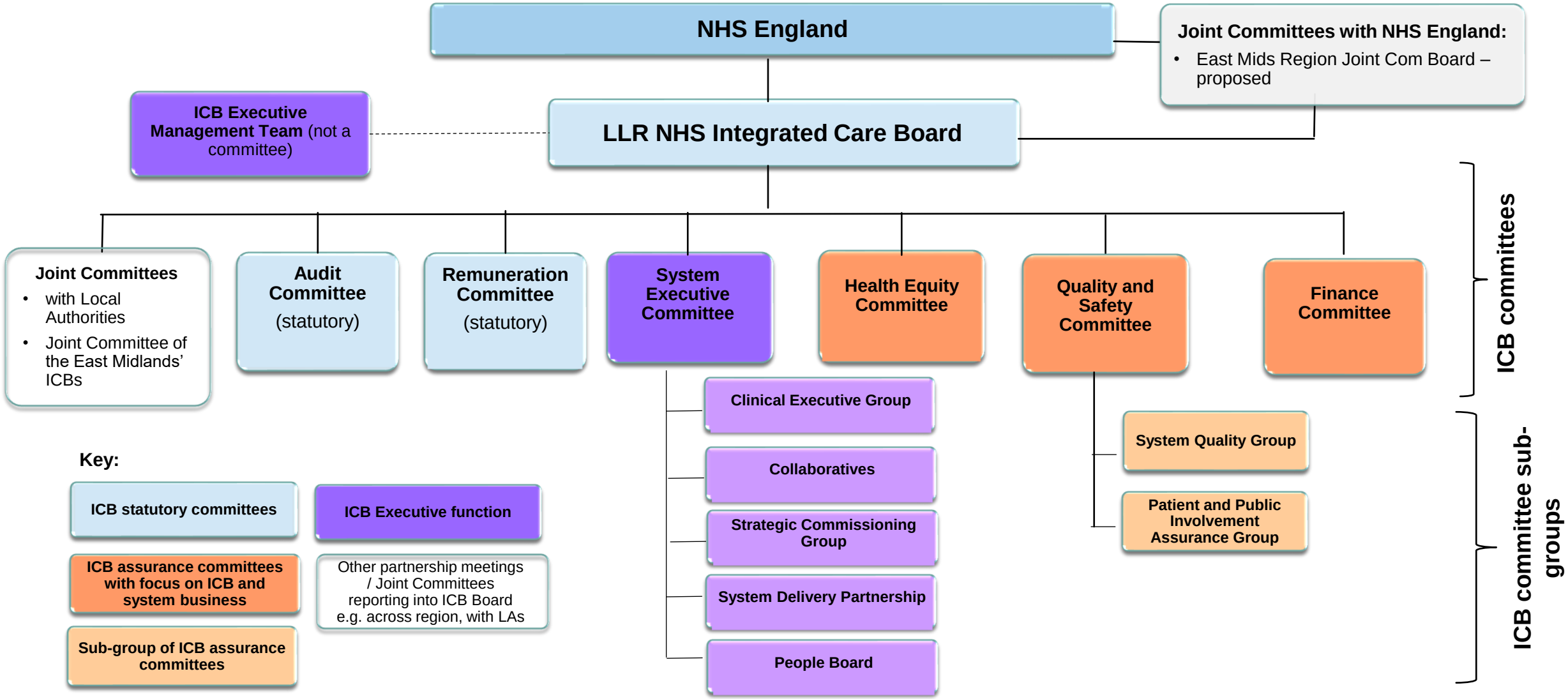


# LLR Integrated Care System: interface and accountability




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

# LLR ICB governance structure (July 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.<br>• Establishing joint working arrangements with partners that embed collaboration for delivery.<br>• Establishing governance arrangements to support collective accountability for whole-system delivery and performance.<br>• 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.<br>• Leading system-wide action on data and digital.<br>• Oversight and approval of the Scheme of Reservation and Delegation.<br>• 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.<br>• 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.<br>• Review of the remuneration for the CEO, executive directors and clinical leads (outside of pay arrangements set at a national level).<br>• 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).<br>• Developing a system strategy, planning and finance.<br>• 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 and healthcare commissioning).<br>• 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.<br>• Oversight of payment policy reform and oversight of reporting of placed based allocations and provider collaborations.<br>• Providing assurance on the system's current and forecast financial position and recovery plans to address any challenges.<br>• 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.<br>• Providing assurance on quality, safety, performance improvement, patient engagement, patient experience, patient and public involvement, and the personalisation of care.<br>• Monitoring quality, safety and performance risks at and receive assurance in relation to mitigations and improvement plans.<br>• Approval of clinical pathways and clinical policies.<br>• 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.<br>• 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 |
| Version 2 | Reviewed in June 2023, no changes made. | June 2023 |

# 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

Leicester, Leicestershire and Rutland
Integrated Care Board

# Detailed Financial Policies
# and
# Operational Scheme of Delegation

## June 2023

| | |
|---|---|
| **Reference number:** | LLR ICB CORP/005 |
| **Title:** | Detailed Financial Policies and Operational Scheme of Delegation |
| **Version number:** | Version 2, June 2023 |
| **Document Approved by:** | Chief Executive and the Executive Management Team |
| **Date of Approval:** | June 2023 |
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| **Review Date:** | July 2024 |
| **Document Author:** | Head of Corporate Governance<br>In conjunction with Deputy Director of Finance and Chief Finance Officer |
| **Executive Lead:** | Chief Executive |

# Version control

| Version | Date | Amendment |
|---|---|---|
| Version 1 | July 2022 | Document produced for the Integrated Care Board. Initial document approved by the Board of the ICB. |
| **Version 2** | June 2023 | Updated to reflect the functions delegated from NHS England with effect from 1 April 2023 and 1 July 2023 including pharmacy, optometry and dental primary care services, and primary medical care complaints function. These amendments should be read in conjunction with the associated amendments made within the LLR ICB Scheme of Reservation and Delegation. |

# Contents

# Introduction

1. The Detailed Financial Policies and Operational Scheme of Delegation (OSoD) set out in this document, shall have effect as if incorporated in the Constitution of NHS Leicester, Leicestershire and Rutland Integrated Care Board (hereafter referred to as "the LLR ICB" or the "ICB". The Chief Executive (Accountable Officer) for the LLR ICB has responsibility for the OSoD. The roles and responsibilities that are outlined in this document as applicable to the Accountable Officer, apply also to those with delegated authority as given in the operational scheme of delegation.

2. The OSoD are part of the ICB's control environment for managing the ICB's financial affairs and corporate governance. They contribute to good corporate governance, internal control and risk management. They enable sound administration, lessen the risk of irregularities and support commissioning and delivery of effective, efficient and economical services. They also help the Accountable Officer and the Chief Finance Officer to effectively perform their responsibilities.

3. The Standing Financial Instructions are re-enforced with the detailed financial policies within this document that have been approved by the Chief Finance Officer and the OSoD approved by the Accountable Officer provide procedural advice in financial and corporate governance.

4. This document should be read in conjunction with the Constitution and Standing Orders, Standing Financial Instructions and the Scheme of Reservation and Delegation. This document is aimed at supporting the Accountable Officer, Chief Finance Officer or any other authorised officer, member or person working on behalf of the group in discharging their responsibilities on a day to day basis.

5. Should any difficulties arise regarding the interpretation or application of any of the detailed financial policies and OSoD, then the advice of the Chief Finance Officer must be sought before acting.

6. The user of this document should also be familiar with and comply with the provisions of ICB Constitution, Standing Orders, Scheme of Reservation and Delegation and Standing Financial Instructions. Failure to comply with these governance documents, the detailed financial policies and the OSoD may in certain circumstances be regarded as operating 'ultra vires' of the ICB and may be a disciplinary matter.

# PART ONE: Detailed Financial Policies

## Internal Control

7. Overall responsibility for the ICB' system of internal control lies with the ICB' Board. Responsibility for ensuring that there are arrangements to review, evaluate and report on the effectiveness of the internal controls, including the establishment of an effective Internal Audit function, lies with the Chief Finance Officer. The ICB will establish Audit Committee to follow best practice including guidance provided within the *NHS Audit Committee Handbook*.

8. Where the Audit Committee consider there is evidence of ultra vires transactions, evidence of improper acts, or if there are other important matters that the Committee wish to raise, the Chair of the Audit Committee should raise the matter at a full meeting of the Board of the ICB. Exceptionally, the matter may need to be referred to NHS England.

9. The Chief Finance Officer will ensure:

   (a) Relevant policies are considered for review and updated annually by the Board or committee with delegated authority.

   (b) All breaches of financial policies will be reported to the Chief Finance Officer and subsequently to the Finance and Activity Committee and the Board on a risk-based assessment. A written system should be in place for the checking, reviewing and reporting of all breaches of financial policies.

   (c) The procedure for checking the adequacy and effectiveness of the control environment forms part of financial monitoring and is outlined in the Budgetary Control Manual and assurance on the effectiveness of the internal control system is given as part of a planned Internal Audit programme as outlined below.

## Audit

### Internal Audit

10. The full extent of the Audit Committee's responsibilities is detailed in the ICB Audit Committee' terms of reference (a copy of the terms of reference can be obtained from the Head of Corporate Governance). The procedure for alerting and escalating unresolved management issues, fraud and serious irregularity is outlined in the Service Level Agreement (SLA) with Internal Audit. The monitoring system is outlined in the SLA.

11. The system of selecting the Internal Audit service provider will ensure that ICB has a professional and technically competent internal audit function. This will be detailed in procurement process and service specifications.

12. The Internal Audit plan will be founded on a risk based methodology and refers to the Board Assurance Framework to enable Internal Auditors to give an annual

opinion regarding internal controls. The Audit Committee' terms of reference will detail the functions and tasks of the Audit Committee. The Board will approve the terms of reference.

**External Audit**

13. The external auditor is appointed by the Board and paid for by the ICB.
14. It is the duty of the Audit Committee to ensure that the external auditor provides a cost effective service. Any problems arising with this service will be discussed and resolved with the provider, and referred to the Audit Committee if resolution is not immediately possible.

**Fraud and Corruption**

15. NHS England requires the ICB to ensure appropriate anti-fraud, bribery and corruption arrangements are in place within their organisations, as specified within NHS Counter Fraud Authority Standards for Commissioners. In line with their responsibilities, the ICB' Accountable Officer and Chief Finance Officer shall monitor and ensure compliance with the required standards.

16. In order to demonstrate compliance, NHS Counter Fraud Authority quality inspectors require ICB to submit an annual self-review of anti-fraud, bribery and corruption activity undertaken within their organisations this is achieved via the Self-Assessment Review toolkit (SRT). The definition, responsibilities, objectives, detection, prevention and resolution relating to fraud is set out clearly in the Counter Fraud, Bribery and Corruption Policy.

17. The LCFS shall report to the Chief Finance Officer and shall work with NHS Protect to ensure the ICB discharges its responsibilities regarding anti-fraud, bribery and corruption. The LCFS will provide a written report at least annually on the counter fraud work carried out within the ICB. The Audit Committee will review this report.

**Expenditure Control**

18. The ICB will ensure that effective expenditure control is in place and that expenditure is within the allotments and allocations from the NHS England and other legally received sums by the use of effective processes outlined in the Budgetary Control Manual. The Budgetary Control Manual will:

    (a) outline the procedures which ensure that the ICB complies with Codes of Practice and guidance issued by the Department of Health and the NHS England.

    (b) outline the procedures that ensure that it exercises its functions effectively, efficiently and economically and in a way which provides good value for money.

    (c) outline a control framework to ensure that only approved expenditure is drawn down at the time of need and to illustrate an adequate system of monitoring

financial performance.

(d) illustrate the procedure for ensuring compliance that expenditure limits that are not automatically controlled by ledger system are monitored and controlled.

**Allotments**

19. The preparation of an annual Financial Plan for the application of the resources allotted lies with the Chief Finance Officer. The Chief Finance Officer will

(a) lead in the budget setting process
(b) submit the annual budget to the Board for approval.

20. The Budgetary Control Manual will outline the process for periodic reporting and escalation to the Board.

# Commissioning strategy, budgets, budgetary control and monitoring

**Commissioning Strategy**

21. The ICB's Commissioning Strategy, submitted to the Board before the start of the financial year, takes into account financial targets and forecast limits of available resources, and contains a statement of all significant assumptions upon which the Strategy is based and gives details of the major changes in workload and delivery of services or resources required to achieve the Strategy.

**Budgets**

22. It is the responsibility of the Chief Finance Officer, prior to the start of the financial year, to prepare and submit budgets for approval by the Board. These budgets will:

(a) be in accordance with the aims and objectives set out in the Commissioning Strategy;

(b) be in accordance with workload and manpower plans;

(c) be produced following discussions with appropriate budget holders;

(d) be prepared within the limits of available funds; and

(e) identify potential risks and procedures for these in the Budgetary Control Manual.

23. The Chief Finance Officer shall monitor the ICB's financial performance and periodically report to the Finance and Activity Committee and onwards to the Board, providing explanations for significant variances. The Chief Finance Officer is allowed to delegate the management of individual budgets; the procedures covering this delegation and management are laid out in the Budgetary Control

Manual and the Operational Scheme of Delegation.

24. Virements are permissible within the budget holder's approved budget providing that NHS best practice is followed. The procedure for virements is detailed in the Budgetary Control Manual and should allow for authorisation, accuracy and availability of budget.

**Budgetary Control**

25. The Chief Finance Officer will devise and maintain systems of budgetary control, which will include the following:

    (a) Monthly and annual financial reports to the Board in a form agreed by the Finance and Activity Committee and approved by the Board.

    (b) The issue of timely, accurate and comprehensible advice and financial reports to each budget holder.

    (c) Investigation and reporting of variances from financial, workload and manpower budgets.

    (d) The monitoring of management action to correct variances

    (e) Arrangements for the authorisation of budget transfers

    (f) The Budgetary Control Manual will outline the frequency and points of escalation for budget monitoring and variance analysis.

**Monitoring**

26. The Accountable Officer is responsible for ensuring that the appropriate monitoring forms and returns are submitted to the requisite monitoring organisations in accordance with statutory and locally agreed timetables.

# Annual Accounts and Reports

27. Compliance with Statutory requirements of the production of Annual Accounts will be the responsibility of the Chief Finance Officer and will be managed by the employment of staff members with adequate skills, knowledge and experience.

28. The Chief Finance Officer is responsible for the following:

    (a) Arranging for the audit of the Accounts by an auditor appointed by the ICB' Board.

    (b) Presenting the audited Accounts to a public meeting and making the Accounts available to the public.

    (c) Publishing the Annual Report and presenting it to a public meeting.

29. The annual timetable for the production of accounts will outline the process to address and report issues identified in the external auditors management letter according to risk.

## Information technology

30. The SLA with the Finance and Accounting IT services provider will outline the controls to ensure that there is an effective and secure system to ensure data security and security of hardware.

31. The joint procedures issued by the IT service provider and ICB for data processing and entry will ensure that adequate controls as required by the Prime Financial Policies are in operation. These procedures will also ensure effective audit trails are in operation.

32. The Chief Finance Officer will ensure that computer audits are undertaken as identified by the risk based process referred to above.

33. Where external contractors are engaged to make amendments to the current system the Chief Finance Officer will ensure that there are adequate contracts/SLAs to support this.

## Accounting Systems

34. The Chief Finance Officer will ensure that any arrangements with other service providers for the provision of accounting services is underpinned with a robust SLA/contract outlining the monitoring process and those points identified in the Standing Financial Instructions.

### Bank and Government Banking Services (GBS) Accounts

35. The Chief Finance Officer is responsible for managing ICB's banking arrangements and for advising the Board on the provision of banking services and operation of bank accounts. In accordance with Department of Health/NHS England guidelines and best practice ICB should minimise the use of commercial bank accounts and consider using Government Banking Services (GBS) accounts for all banking services.

36. The Chief Finance Officer is responsible for:

(a) bank accounts and GBS accounts;
(b) establishing separate bank accounts for ICB's non-exchequer funds;
(c) the operation, monitoring, reporting and compliance of Banking processes is outlined in the Budgetary Control Manual.

### Banking Procedures

37. The Chief Finance Officer will prepare detailed procedures on the operation of bank and GBS accounts which must include:

(a) the conditions under which each bank and GBS account is to be operated;

(b) those authorised to sign cheques or other orders drawn on the ICB' accounts.

38. The Chief Finance Officer must advise the ICB's bankers in writing of the conditions under which each account will be operated.

**Tendering and Review of GBS Accounts**

39. The Chief Finance Officer will review the banking arrangements of the ICB at regular intervals to ensure they reflect best practice and represent best value for money by periodically seeking competitive tenders for the ICB's banking business.

40. Where GBS accounts have not been used, competitive tenders should be sought at least every 5 years. Competitive tender review is not necessary for GBS accounts. The results of the tendering exercise should be reported to the Audit Committee.

## Income, Fees and Charges and Security of Cash, Cheques and Other Negotiable Instruments

**Income Systems**

41. The ICB will operate a secure system of collecting all monies due by implementing the following.

42. The Budgetary Control Manual will outline

(a) The system for designing, maintaining and ensuring compliance with proper recording, invoicing, collection, recovery, communication, accounting and coding of all monies due.

(b) the prompt banking of all monies received.

(c) the appraisal process for making secure grants and loans.

**Fees and Charges**

43. The ICB shall follow the Department of Health's advice in the "Costing" Manual in setting prices for NHS service agreements.

44. The Chief Finance Officer is responsible for and will outline in the Budgetary Control Manual the process for

(a) establishing and maintaining systems and procedures for the secure handling of cash, debt recovery and other negotiable instruments.

(b) incorporating a risk based methodology in the raising of additional revenue as permitted by respective regulations and guidance.

**Debt Recovery**

45. The Chief Finance Officer is responsible for

(a) the appropriate recovery action on all outstanding debts.

(b) Prevention, detection and initiation of recovery action of overpayments.

46. Income not received should be dealt with in accordance with Losses and Special Payments Policy.

**Security of Cash, Cheques and other Negotiable Instruments**

47. The Chief Finance Officer is responsible for:

(a) approving the form of all receipt books, agreement forms, or other means of officially acknowledging or recording monies received or receivable;

(b) ordering and securely controlling any such stationery;

(c) the provision of adequate facilities, systems and processes for employees whose duties include collecting and holding cash, including the provision of safes or lockable cash boxes, the procedures for keys, and for coin operated machines;

(d) prescribing systems and procedures for handling cash and negotiable securities on behalf of the ICB.

48. The holders of safe keys shall not accept unofficial funds for depositing in their safes.

**Petty Cash**

49. The Chief Finance Officer is responsible for:

(a) Developing and maintaining a controlled, secure system for petty cash records, disbursements and replenishment specified in the Budgetary Control Manual.

(b) Ensuring all holders of petty cash floats are aware of and comply with any such system.

# Tendering and Contract procedure

**Duty to comply with Standing Orders, Prime Financial Policies and Standing Financial Instructions**

50. The procedure for making all contracts by or on behalf of ICB shall comply with these Standing Orders and SFIs to ensure value for money and transparency.

51. The ICB shall have regard to all relevant guidance issued by the Department of Health, and NHS England in relation to the conduct of procurement practice and the commissioning of healthcare services.

**Legislation Governing Public Procurement**

52. The ICB shall comply with Public Contract Regulations 2015 ("the Regulations") and any successor legislation, EU Directives relating to EU procurement law having direct effect in England (the "Directives"). In addition, these procedures must comply with the EU Treaty ("Treaty Obligations") of Fairness, Transparency, Equality and Non-Discriminatory, and any duties derived from the UK common law ("Common Law Duties") (the Regulations, Directives, Treaty Obligations and Common Law Duties together are referred to elsewhere in these SFIs as "Procurement Legislation") and any other duties and guidance issued by the Department of Health. The procurement legislation shall have effect as if incorporated in these SFIs.

53. The ICB shall comply with guidance documents issued.

54. The EU procurement limits are available at the following http://www.ojec.com/Threshholds.aspx and must be applied.

**Decision to Tender and Exceptions to requirement to Tender**

**Presumption to Tender**

54. Where:

(a) a contract opportunity is required to be tendered under the Regulations (i.e. the contract opportunity is governed by the Regulations and the value of the contract opportunity as calculated pursuant to the Regulations exceeds the relevant financial threshold for the requirement to run a formal tender process); or

(b) the contract opportunity would be subject to competition following assessment of the market, however it shall be assumed there is no cross border interest (and requirement to advertise in the OJEU) if the contract value is below threshold.

(c) the National Health Service (Procurement, Patient Choice and Competition) (No. 2) Regulations 2013 applies to contract opportunities that are not governed by "the Regulations".

**Equality of Treatment**

55. The ICB shall ensure that no sector of any market (public, private, third sector/social enterprise) is given an unfair advantage in the design or conduct of any tender process.

(a) The subject matter and the scope of the contract opportunity should be described in a non-discriminatory manner. The ICB should utilise generic and/or descriptive terms, rather than the trade names of particular products or processes or their manufacturers or their suppliers.

(b) All participants in a tender process should be treated equally and all rules governing a tender process must apply equally to all participants.

(c) Any providers used in testing of services (such as rapid cycle testing) will be named in the tender process and any learning shared with potential bidders during the tender process.

(d) Any learning from previous contract activity, unless developed in to the revised service specification / requirements, will be shared with potential bidders during the tender process to mitigate against any potential incumbent provider advantage.

56. ***Commissioning Health Care Services: Decision to Tender*** - health care services are named as being incorporated in to the "Light Touch Regime" under 'the Regulations'. All contract opportunities equal to and greater than the threshold named in the Regulations will be advertised, in accordance with the Regulations requirements'. Opportunities below threshold will be evaluated for requirement to advertise in line with the above and seeking advice from Commissioning Support Unit (CSU) procurement.

57. Recommendations for route to market will be presented to the Competition and Procurement Group (CPG) which is supported by the three ICB and CSU procurement. The CPG will then advise their recommendation or support for the proposed route to market before approval through the remainder of the ICB' governance process.

58. ***In-House Services: Decision to Tender Services*** - the Accountable Officer shall be responsible for ensuring that best value for money can be demonstrated for all services provided on an in-house basis. ICB may also determine from time to time that in-house services should be market tested by competitive tendering. Where the decision to market-test is made, then this should be undertaken in accordance with the tendering levels. In some circumstances, where a consortium / collaborative arrangement is in place and a lead organisation has been appointed, the lead organisation will carry out the tendering activity on behalf of the consortium / collaborative members.

59. Exceptions and instances where formal tendering need not be applied. Formal tendering procedures need not be applied where:

(a) the estimated expenditure or income does not, or is not reasonably expected to, exceed £50,000 (including VAT); or

(b) where the supply is proposed under special arrangements negotiated by the Department of Health (DH) or NHS England in which event the said special arrangements must be complied with.

(c) Regarding disposals as set out in paragraph relating to disposals below.

60. Formal tendering procedures **may be waived** in the following circumstances:

(a) in very exceptional circumstances where the Accountable Officer decides that formal tendering procedures would not be practicable or the estimated expenditure or income would not warrant formal tendering procedures, and the circumstances are detailed in an appropriate ICB record. The decision will be published in conjunction with advice from the CSU Procurement Team;

(b) where the requirement is covered by an existing contract subject to Regulation no. 72 of "the Regulations";

(c) where the timescale genuinely precludes competitive tendering for reasons of extreme urgency brought about by events unforeseeable by the ICB (it is not justifiable to waiver competitive tendering where attributable to the ICB' failure to plan work properly).

(d) where specialist expertise is required and is available from **only** one source (competition would be deemed to be absent for technical reasons, not limiting or restricting the market);

(e) when the task is essential to complete the project, and arises as a consequence of a recently completed assignment and engaging different consultants for the new task would be inappropriate;

(f) for the provision of legal advice and services providing that any legal firm or partnership commissioned by the ICB is regulated by the Law Society for England and Wales for the conduct of their business (or by the Bar Council for England and Wales in relation to the obtaining of Counsel's opinion) and are generally recognised as having sufficient expertise in the area of work for which they are commissioned. The Head of Corporate Governance will ensure that any fees paid are reasonable and within commonly accepted rates for the costing of such work.

(g) where allowed and provided for in the arrangements for capital procurement, the waiving of competitive tendering procedures should not be used to avoid competition or for administrative convenience or to award further work to a consultant originally appointed through a competitive procedure. Where it is decided that competitive tendering is not applicable and should be waived, the fact of the waiver and the reasons should be documented and recorded in an appropriate ICB record and reported to the Audit Committee at each meeting.

61. The waiving of competitive tendering procedures should not be used to avoid competition or for administrative convenience or to award further work to a consultant originally appointed through competitive procedure.

62. The decision to waive the tendering procedures should be approved by the Accountable Officer or the Chief Finance Officer. Where it is decided that

competitive tendering is not applicable and should be waived, the fact of the waiver and the reasons should be documented and recorded in an appropriate ICB records and reported to Audit Committee and the Board.

63. Items estimated to be below the limits set in the SFIs for which formal tendering procedures are not used which subsequently prove to have a value above such limits shall be reported to the Accountable Officer, and be recorded in an appropriate ICB record.

**Use of Framework Agreements, Existing Contracts and Agreements.**

64. Contracts already available to the ICB must be used wherever available i.e. CCS contracts, locally tendered contracts and agreements and any other relevant contracts used by other authorities e.g. Health Trust Europe.

65. The ICB may utilise any available contract or framework agreement to satisfy its requirements for works, services or goods but only if it complies with the requirements of Procurement Legislation in doing so, which include (but are not limited to) ensuring that:

    (a) the framework agreement was procured on its behalf. The ICB should satisfy themselves that the original procurement process included ICB within its scope;

    (b) the framework agreement includes ICB requirements within its scope, the ICB should satisfy itself that this is the case;

    (c) where the framework agreement is a multi-operator framework agreement, the process for the selection of providers to be awarded call-off contracts under the framework agreement is followed; and

    (d) the call-off contract entered into with the provider contains the contractual terms set out by the framework agreement.

**Contracting/Tendering/ Quotations Procedure**

66. Guidance documents, standard operating procedures and procedures relating to contracting/tendering/ e-procurement must be followed.

67. The ICB' Contracting and Tendering Procedure is laid out in separate documents:

    (a) Non-healthcare procurement: the applicable document / procedure is available via the provider of non-healthcare related contracting and tendering procedure.

    (b) Healthcare procurement: the applicable documents and support are provided for in the Service level Agreement (SLA) with CSU.

68. Where a formal tender process is required under section "Authorisation of

Business Cases, Tenders and Competitive Quotations" below then:

(a) where a contract opportunity falls within "the Regulations" and a process compliant with the Regulations is required, an OJEU Notice should be utilised; or

(b) where a contract opportunity does not fall within "the Regulations" the ICB shall utilise a form of advertising for such contract opportunity that is sufficient to enable potential providers (including providers in member states of the EU other than the UK) to access appropriate information about the contract opportunity so as to be in a position to express an interest, as a minimum to be advertised on Contracts Finder for clinical services; and

(c) in relation to any contract opportunity for health care services the ICB shall as a minimum advertise on Contracts Finder, and where appropriate the procurement portal operated by CSU.

**69. Choice of Procedure**

(a) Where a contract opportunity falls within "the Regulations" and a process compliant with "the Regulations" is required then ICB shall utilise an appropriate tender procedure as allowed under "the Regulations".

(b) In all other cases ICB shall utilise a quotation/tender procedure proportionate to the value, complexity and risk of the contract opportunity and shall ensure that invitations to tender are sent to a sufficient number of providers to provide fair and adequate competition (in any event no less than two) as identified within these DFPs and any guidance documents produced.

**Receipt and safe custody of tenders**

70. Tenders should be received in electronic format as far as possible. The Accountable Officer or his/her nominated representative will designate and agree a list of officers who will be able to access the electronic tenders and release them once the time and date for opening has passed.

71. Tenders should be received and retained securely and according to the correct process until such time that they are required to be opened.

72. Where paper based tenders are received a process outlining the secure receipt, retention, opening and awarding should be in place and will be outlined in the Procurement Guidance.

**Authorisation of Business Cases, Tenders and Competitive Quotations**

73. Providing all the conditions and circumstances set out in these SFIs have been fully complied with, the following limits apply to the awarding of contracts, invoice

approval and procurement of goods and services (all values are inclusive of VAT irrespective of whether this is reclaimable or not except the EU limits which are net of VAT). The financial threshold for EU tendering is in accordance with "the Regulations".

74. Each individual authorising officer must ensure that where separate authorising limits are allowed by these SFIs, that the correct limit is applied in authorising spend as detailed in this document under "Part Two Operational Scheme of Delegations".

**75. Capital (if applicable) –** to be authorised in line with the Operational Scheme of Delegation or escalated to for authorisation by the Board in line with the Scheme of Reservation and Delegation.

**Compliance requirements for all contracts**

76. The Board may only enter into contracts on behalf of the ICB within the statutory powers delegated to it by the Secretary of State and shall comply with:

(a) The ICB's Standing Orders and Standing Financial Instructions;

(b) EU Directives and other statutory provisions;

(c) any relevant directions including the Capital Investment Manual and guidance on the Procurement and Management of Consultants;

(d) Such of the NHS Standard Contract Conditions as are applicable;

(e) Contracts with Foundation Trusts must be in a form compliant with appropriate NHS guidance;

(f) Where appropriate contracts shall be in or embody the same terms and conditions of contract as was the basis on which tenders or quotations were invited;

(g) In all contracts made by the ICB, the Board shall endeavour to obtain best value for money by use of all systems in place. The Accountable Officer shall nominate an officer who shall oversee and manage each contract on behalf of the ICB.

77. The Accountable Officer shall nominate officers with delegated authority to enter into contracts of employment, regarding staff, agency staff or temporary staff service contracts as per the scheme of delegation and reservation, the operational scheme of delegation and any such nominations, limits and delegation given in the SFIs.

**Healthcare Services Agreements**

78. Service agreements with NHS providers for the supply of healthcare services shall be drawn up in accordance with the NHS and Community Care Act 1990

and administered by the ICB. Service agreements are not contracts in law and are not enforceable by the courts. However, a contract with a Foundation Trust is a legal document and is enforceable in law. The Accountable Officer shall nominate officers to commission service agreements with providers of healthcare in line with a commissioning plan approved by the Board.

**Disposals**

79. Competitive Tendering or Quotation procedures shall not apply to the disposal of:

(a) any matter in respect of which a fair price can be obtained only by negotiation or sale by auction as determined (or pre-determined in a reserve) by the Accountable Officer or his/her nominated officer;

(b) obsolete or condemned articles and stores, which may be disposed of in accordance with the Disposals Policy of the ICB;

(c) items to be disposed of with an estimated sale value of less than £1,000, this figure to be reviewed on a periodic basis;

(d) items arising from works of construction, demolition or site clearance, which should be dealt with in accordance with the relevant contract;

(e) land or buildings concerning which DH guidance has been issued but subject to compliance with such guidance.

80. Where the assets are held on behalf of the ICB, the holding organisation must ensure that value for money is obtained, rules are followed and this should be detailed within the SLA governing the contract.

**Tendering In-house Services**

81. In all cases where the Board or appropriate Board Committee determines that in-house services should be subject to competitive tendering the following groups shall be set up:

(a) Specification group, comprising the Accountable Officer or nominated officer/s and specialist.

(b) In-house tender group, comprising a nominee of the Accountable Officer and technical support.

(c) Evaluation team, comprising normally a specialist officer, a supplies officer and a Chief Finance Officer representative. For detail regarding financial delegations see Operational Scheme of Delegation (Part Two of this document).

(d) All groups should work independently of each other and individual officers may be a member of more than one group but no member of the in-house tender group may participate in the evaluation of tenders.

82. The evaluation team shall make recommendations to the Board.

83. The Accountable Officer shall nominate an officer to oversee and manage the contract on behalf of the ICB.

# Commissioning

**Role of the ICB in Commissioning Secondary Services**

84. The ICB have responsibilities for commissioning secondary services on behalf of the resident population. This will require the ICB to work in partnership with NHS England, local NHS Trusts, and FTs, other commissioning groups, Health and Wellbeing Boards, Local Authorities, patients / users, carers and the voluntary sector to develop robust commissioning plans.

**Role of the Accountable Officer**

85. The Accountable Officer as the Accountable Officer has responsibility for ensuring secondary services are commissioned in accordance with the priorities agreed in the Commissioning Strategy and Commissioning Intentions. This will involve ensuring SLAs are put in place with the relevant providers, based upon integrated care pathways.

86. SLAs will be the key means of delivering service requirements and therefore they need to have a wider scope. The ICB's Accountable Officer will need to ensure that all SLAs;

    (a) Meet the standards of service quality expected;

    (b) Fit the relevant national service framework (if any);

    (c) Enable the provision of reliable information on cost and volume of services;

    (d) Fit the NHS National Performance Assessment Framework;

    (e) that SLAs build where appropriate on existing Joint Investment Plans;

    (f) ) that SLAs are based upon cost-effective services;

    (g) ) that SLAs are based on integrated care pathways.

87. The Accountable Officer, as the Accountable Officer, will need to ensure that regular reports are provided to the Board detailing risk, relevant actual and forecast expenditure and activity for each SLA.

88. Where the ICB make arrangements for the provision of services by non-NHS providers it is the Accountable Officer, as the Accountable Officer, who is responsible for ensuring that the agreements put in place have due regard to the quality and cost effectiveness of services provided. Before making any agreement with non-NHS providers, the ICB should explore fully the scope to make maximum cost effective use of NHS facilities.

### Role of Chief Finance Officer

89. The Chief Finance Officer must account for Out of Area Treatments/Non Contract Activity financial adjustments in accordance with national guidelines.

## Risk management and Insurance

### Systems of Risk Management

90. The Chief Finance Officer, in conjunction with the Head of Corporate Governance, shall ensure that the ICB have a programme of risk management, in accordance with national Board Assurance Framework requirements, which must be approved and monitored by the Board. The programme of risk management shall include.

    (a) engendering among all levels of staff a positive attitude towards the control of risk;

    (b) management processes to ensure all significant risks and potential liabilities are addressed including effective systems of internal control, cost effective insurance cover, and decisions on the acceptable level of retained risk;

    (c) contingency plans to offset the impact of adverse events;

    (d) audit arrangements including; internal audit, clinical audit, health and safety review;

    (e) a clear indication of which risks shall be insured;

    (f) ) arrangements to review the risk management programme.

91. **The Chief Finance Officer will ensure that** the existence, integration and evaluation of the above elements will assist in providing a basis to make a statement on the effectiveness of internal control within the Annual Report and Accounts as required by current Department of Health guidance.

92. **The Director of Finance is also the Senior Information Risk Officer (SIRO)** for the ICB and will have oversight of information governance and information security risks across the ICB.

93. **The Director of Nursing is also the Caldicott Guardian** for the ICB and has the responsibility for protecting the confidentiality of people's health and care information and making sure it is used appropriately.

### Insurance: Risk Pooling Schemes administered by NHS Resolution

94. The Board shall decide if ICB will insure through the risk pooling schemes administered by the NHS Resolution or self-insure for some or all of the risks

covered by the risk pooling schemes. If the Board decides not to use the risk pooling schemes for any of the risk areas (clinical, property and employers/third party liability) covered by the scheme this decision shall be reviewed annually.

**Insurance arrangements with commercial insurers**

95. There is a general prohibition on entering into insurance arrangements with commercial insurers. There are, however, three exceptions when the ICB may enter into insurance arrangements with commercial insurers. The exceptions are:

    (a) for insuring motor vehicles owned by the ICB including insuring third party liability arising from their use;

    (b) where the ICB are involved with a consortium in a Private Finance Initiative contract and the other consortium members require that commercial insurance arrangements are entered into;

    (c) where income generation activities take place. Income generation activities should normally be insured against all risks using commercial insurance. If the income generation activity is also an activity normally carried out by ICB for a NHS purpose the activity may be covered in the risk pool. Confirmation of coverage in the risk pool must be obtained from the NHS Resolution. In any case of doubt concerning the ICB' powers to enter into commercial insurance arrangements the Chief Finance Officer should consult the Department of Health / NHS England.

**Arrangements to be followed by the Board in agreeing Insurance cover**

96. Where the Board decide to use the risk pooling schemes administered by the NHS Resolution the Chief Finance Officer shall ensure that the arrangements entered into are appropriate and complementary to the risk management programme. The Chief Finance Officer shall ensure that documented procedures cover these arrangements.

97. Where the Board decide not to use the risk pooling schemes administered by the NHS Resolution for one or other of the risks covered by the schemes, the Chief Finance Officer shall ensure that the Board is informed of the nature and extent of the risks that are self- insured as a result of this decision.

98. The Chief Finance Officer will draw up formal documented procedures for the management of any claims arising from third parties and payments in respect of losses which will not be reimbursed. The procedure for this will be outlined in the Losses and Special Payments Policy.

99. All the risk pooling schemes require scheme members to make some contribution to the settlement of claims (the 'deductible'). The Chief Finance Officer should ensure documented procedures also cover the management of claims and payments below the deductible in each case.

# Payroll

## Remuneration and Terms of Service

100. In accordance with Standing Orders the Board shall establish a Remuneration Committee; with clearly defined terms of reference, specifying which posts are within its area of responsibility, its composition and the arrangements for reporting.

## Funded Establishment

101. The manpower plans incorporated within the annual budget will form the funded establishment.

102. The funded establishment of any department may not be varied without the approval of the Accountable Officer and Chief Finance Officer.

## Staff Appointments

103. An officer or Member of the Board' Committee, or Member of the ICB' Board or employee may only engage, re-engage, or re-grade employees, either on a permanent or temporary nature, or hire agency staff, or agree to changes in any aspect of remuneration if:

(a) authorised to do so by the Accountable Officer, or delegated Executive Director; and.

(b) within the limit of their approved budget and funded establishment.

104. The Board will approve procedures presented by the Accountable Officer for the determination of commencing pay rates, condition of service, etc., for employees.

## Processing Payroll

105. The Chief Finance Officer will ensure that there is an adequate SLA supported by terms and conditions for the provision of a Payroll Function and reference to adequate internal controls, and audit review processes. This should be reviewed on a regular basis to ensure value for money and transparency.

## Contracts of Employment

106. The Board shall delegate responsibility to an officer for:

(a) ensuring that all employees are issued with a Contract of Employment in a form approved by the Board and which complies with employment legislation; and

(b) dealing with variations to, or termination of, contracts of employment.

**Non-Pay Expenditure**

107. The Board will approve the level of non-pay expenditure on an annual basis and the Accountable Officer will determine the level of delegation to budget managers.

**Delegation of Authority**

108. The delegation of authority and financial limits will be as stated within the Operational Scheme of Delegation and as per the authorised signatories list are applicable in all non-pay procurement.

# Choice, Requisitioning, Ordering, Receipt and Payment for Goods and Services

109. ***Requisitioning*** - the requisitioner, in choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money for ICB. In so doing, the advice of the ICB' adviser on supply shall be sought. Where this advice is not acceptable to the requisitioner, the Chief Finance Officer (and/or the Accountable Officer), shall be consulted.

110. ***System of Payment and Payment Verification*** - the Chief Finance Officer shall be responsible for the prompt payment of accounts and claims. Payment of contract invoices shall be in accordance with contract terms, or otherwise, in accordance with national guidance.

111. The Chief Finance Officer will:

(a) advise the Board regarding the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in SFIs and the Operational Scheme of Delegations and regularly reviewed;

(b) be responsible for the prompt payment of all properly authorised accounts and claims;

(c) be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable. The system shall provide for:

(i) A list of Governing Body members, employees and delegated officers (including specimens of their signatures) authorised to certify invoices.

(ii) Certification to ensure accuracy and bona-fide payment of the invoice as outlined in the Budgetary Control Manual.

112. ***Prepayments*** - prepayments are only permitted where exceptional circumstances apply. In such instances:

(a) Prepayments are only permitted where the financial advantages outweigh the disadvantages.
(b) The appropriate officer member must provide, in the form of a written report, a case setting out all relevant circumstances of the purchase. The report must set out the effects on the ICB if the supplier is at some time during the course of the prepayment agreement unable to meet their commitments;

(c) The Chief Finance Officer will need to be satisfied with the proposed arrangements before contractual arrangements proceed (taking into account the EU public procurement rules where the contract is above a stipulated financial threshold);

(d) The budget holder is responsible for ensuring that all items due under a prepayment contract are received and they must immediately inform the appropriate Executive Director or Accountable Officer if problems are encountered.

**Official Purchase orders**

113. Official Orders must:

(a) be consecutively numbered;

(b) be in a form approved by the Chief Finance Officer;

(c) state the ICB' terms and conditions of trade;

(d) only be issued to, and used by, those duly authorised by the Accountable Officer;

(e) be used wherever possible.

114. The Accountable Officer and Chief Finance Officer shall ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with relevant guidance as outlined in the respective SLA with the organisation holding the assets on behalf of the ICB.

115. The technical audit of these contracts shall be the responsibility of the relevant Director, who will arrange for appropriate audits to be undertaken periodically.

## Joint Finance Arrangements with Local Authorities and Voluntary Bodies

116. Payments to local authorities and voluntary organisations made under the powers of section 256 of the NHS Act 2006 shall comply with procedures laid down by the Chief Finance Officer which shall be in accordance with that Act or any other subsequent Act.

# Capital Investment, private Financing, Fixed Asset Registers and Security of Assets

## Capital Investment

117. For every capital expenditure proposal the Accountable Officer shall ensure that there is compliance with the Capital approval and appraisal process.

118. For capital schemes where the contracts stipulate stage payments, the Accountable Officer will issue procedures for their management. The Chief Finance Officer shall issue procedures for the regular reporting of expenditure and commitment against authorised expenditure.

119. The approval of a capital programme shall not constitute approval for expenditure on any scheme.

120. The Accountable Officer and Chief Finance Officer shall issue to the manager responsible for any scheme:

(a) specific authority to commit expenditure;

(b) authority to proceed to tender; and

(c) approval to accept a successful tender.

121. The Accountable Officer will issue a scheme of delegation for capital investment management in accordance with the ICB' Standing Orders and Operational Scheme of Delegation.

122. The Chief Finance Officer shall issue procedures governing the financial management, including variations to contract, of capital investment projects and valuation for accounting purposes. These procedures shall fully take into account the delegated limits for capital schemes included in Annex C of HSC (1999) 246 and any other subsequent legislation or guidance.

## Asset Registers

123. The Chief Finance Officer is responsible for the maintenance of registers of assets and the method of updating, and arranging for a physical check of assets against the asset register to be conducted once a year.

124. The ICB shall maintain an asset register recording fixed assets. The minimum data set to be held within these registers shall be as specified in the Capital Accounting Manual as issued by the Department of Health. This should correspond where applicable to records held by and on behalf of any organisation holding assets on behalf of ICB. The details of additions, deletions and maintenance of fixed assets shall be outlined in the Budgetary Control Policy.

125. Additions to the fixed asset register must be clearly identified to an

appropriate budget holder and be validated by reference to an asset register number.

126. Where capital assets are sold, scrapped, lost or otherwise disposed of, their value must be removed from the accounting records and each disposal must be validated by reference to authorisation documents and invoices (where appropriate).

127. The value of each asset shall be indexed to current values in accordance with methods specified in the Capital Accounting Manual issued by the Department of Health.

128. The value of each asset shall be depreciated using methods and rates as specified in the Capital Accounting Manual issued by the Department of Health.

129. The Chief Finance Officer of the ICB shall calculate and incur capital charges as specified in the Capital Accounting Manual issued by the Department of Health.

**Security of Assets**

130. The Chief Finance Officer shall be responsible for the security and control of Assets. The recording, identification and verification of assets will be detailed in the Budgetary Control Manual.

**NHS LIFT**

131. The ICB' planning involvement with LIFT projects should access guidance from the joint DH and Partnerships UK website at www.partnershipsforhealth.co.uk and NHS England.

**Retention of Records**

132. The Accountable Officer and Chief Finance Officer shall be responsible for maintaining a disposal procedure.
133. The records held in archives shall be capable of retrieval by authorised persons and there is a disposal process to outline authority, retrieval and access.

134. Records held in accordance with NHS Code of Practice - Records Management 2016, shall only be destroyed at the express instigation of the Accountable Officer or his / her nominated Chief Officer. Detail shall be maintained of records so destroyed as outlined in the disposal process referred to above.

135. A procedure for Freedom of Information (FOI) requests and a FOI publication scheme, as required by the Information Commissioner's Office, will be in place.

## Trust Funds and Trustees

136. Where trust funds are held by the group the Chief Finance Officer will ensure that these are managed appropriately with regard to the purpose and requirements.

# PART TWO: Operational Scheme of Delegation

## Introduction

1. This section contains the Operational Scheme of Delegation of the ICB that together with the Standing Financial Instructions and the detailed financial policies (as above) has effect as if incorporated into the groups' Constitution.

2. The arrangements made by the ICB as set out in the overarching Scheme of Reservation and Delegation of decisions shall have effect as if incorporated in the ICB Constitution.

3. The ICB remains accountable for all its functions, including those that it has delegated.

4. The Scheme of Reservation and Delegation and details the arrangements made by the ICB for discharging its functions.

5. The Schedule below details the Operational Scheme of Delegation (and financial authority limits). These should be read in conjunction with the Standing Financial Instructions and the Detailed Financial Policies detailed in Part One of this document above.

6. The Operational Scheme of Delegation is prepared by the Accountable Officer (i.e. the Chief Executive Officer) and identifies which functions the Accountable Officer shall perform personally and which have been delegated to other Chief Officers or officers.

7. The approval of the ICB's Operational Scheme of Delegation that underpins the ICB' "Scheme of Reservation and Delegation" is reserved to the Accountable Officer.

## Purpose and scope

8. The purpose of this document is to define the control framework for committing the resources of the ICB. The Scheme of Delegation identifies which functions the Accountable Officer shall perform personally and which have been delegated to other Chief Officers or officers.

9. To ensure that all staff, particularly budget holders and authorised signatories are aware of their authorities and responsibilities for compliance with the relevant procedures.

10. The OSoD is consistent with the NHS Code of Conduct and Accountability. Chief Officers and officers are reminded that powers are delegated to them on the understanding that they would not exercise delegated powers in a manner in which their judgement was likely to be a cause for public concern. The Code of Conduct of Accountability in the NHS sets out the core standards of conduct expected of NHS managers.

11. To provide details of delegated limits to all officers holding responsibilities. Budget Holders agree to operate within the delegated limits as outlined in this document. It is their responsibility to manage within their budget and to identify any changes to the budget assumptions surrounding activity, timing and staffing issues which may result in changes to financial risk. If a proposed transaction is beyond their authority, it should be referred to their manager. Failure to do so may result in disciplinary action.

12. This document forms part of the ICB's corporate governance framework which is the regulatory framework for the business conduct of the ICB to which its officers are expected to comply. The aim is not to create a bureaucracy but to protect the ICB's interests and to protect staff from any accusation that they have acted less than properly. It does this by ensuring that all staff, particularly budget managers and authorised signatories are aware of their authorities and responsibilities for compliance with the relevant procedures.

13. Delegated matters in respect of decisions will need to be agreed or reported to other groups and Committee. This policy does not override these but sets out individual powers for committing resources. The delegation shown below is the lowest level to which authority is delegated. Delegation to lower levels is only permitted with written approval of the Accountable Officer who will, before authorising such delegation, consult with other Chief Officers and senior officers as appropriate.

**ICB Operational Scheme of Delegation (June 2023)**

| | DELEGATED MATTER | AUTHORITY DELEGATED TO: |
|---|---|---|
| ***1.*** | ***Management of Budgets***<br>Responsibility of keeping pay and non-pay expenditure within approved budgets and retaining income levels. Authority to spend is only extended where approved budget is available. Approval of financial plan and ICB's overall budgets resides with the ICB's Board in line with the Scheme of Reservation and Delegation. | |
| (a) | Responsibility of maintaining expenditure within approved budgets at individual budget level (Pay and Non Pay) | Authorised Budget Holders |
| (b) | For the totality of services covered by the Integrated Care Board (ICB) | In order of authority to make allowances for absence: (1) CFO (2) AO/DAO. The CFO remains accountable for all decisions under this authority. |
| (c) | For all other areas e.g. Reserves | CFO or Appropriate Delegated Manager |
| (d) | Approval to spend. | Budget holder is permitted to incur costs in accordance with their budgets and authorisation limits. |
| (e) | Monitoring of financial performance. | CFO. |
| (f) | Devise and maintain systems of budgetary control. | CFO. |
| (g) | Ensure that:<br><br>a) No overspend or reduction of income that cannot be met from virement is incurred without prior consent of the Executive Director of Finance or Accountable Officer or the Board where delegated limits are exceeded.<br><br>b) Approved budget is not used for any other purpose subject to rules of virement<br><br>c) No permanent employees are appointed without the approval of the Accountable Officer (or via Executive Management Team meetings as delegated by the Board) other than those provided for within the available resources and manpower establishment. | a) Budget holder<br><br>b) Budget holder<br><br>c) Budget holder |
| (h) | Approval of Financial Policies (other than those that are reserved to the Board). | CFO |
| (i) | Advice on interpretation and application of the SFIs and detailed financial policies. | CFO |
| (j) | Staff establishment changes. | Accountable Officer and CFO |
| (k) | Have a duty to disclose any non-compliance with the SFIs to the CFO as soon as possible. | Members of the Board and employees (including office-holders, contractors etc). |

| | DELEGATED MATTER | AUTHORITY DELEGATED TO |
|---|---|---|
| (l) | Responsibility to ensure financial targets and obligations are met and have overall responsibility for the System of Internal Controls. | Accountable Officer |
| (m) | Accountable for the Financial Control but will as far as possible delegate their detailed responsibilities. | CFO |
| (n) | To ensure the Board members, officers and employees present and future are notified of and understand the SFIs. | Accountable Officer |
| (o) | Responsible for:<br>a) implementing ICB financial policies and co-ordinating correction action;<br>b) maintaining an effective system of financial control including ensuring detailed financial procedures and systems are prepared and documented.<br>c) ensuring that sufficient records are maintained to explain the ICB' transactions and financial position;<br>d) providing financial advice to members of the Board, staff and ICB' Board' Committee;<br>e) maintaining such accounts, certificates etc as are required to carry out its statutory duties. | <br>CFO<br>CFO<br><br>CFO<br><br>CFO<br><br>CFO |
| (p) | Identify and implement cost improvements and income generation activities in line with the plan. | Accountable Officer and Chief Officers |
| (q) | Preparation of Annual Accounts and Reports | CFO |
| ***2.*** | ***Resources*** | |
| (a) | Responsible for security of the ICB's property, avoiding loss, exercising economy and efficiency in using resources and conforming to Standing Orders, SFIs and financial procedures. | Members of the Board and employees (including office-holders, contractors etc). |
| (b) | Ensure that any contractor or employee of a contractor who is empowered by the ICB to commit expenditure or who is authorised to obtain income are made aware of these instructions and their requirement to comply. | Accountable Officer and Chief Officers |
| ***3.*** | ***Virements -*** See the Budget Manual and virement rules. | |
| | **DELEGATED MATTER** | **AUTHORITY DELEGATED TO** |
| ***4.*** | ***Maintenance / Operation of Bank Accounts -*** CFO / Deputy CFO with the Head of Corporate Finance | |

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| (a) | **Bank Accounts**<br><br>Opening of new (Government Banking Services) Bank Accounts<br><br>Notification of changes to banking arrangements, with the exception of changes in signatories<br><br>Banking procedures<br>a) review the banking arrangements of ICB at regular intervals to ensure they reflect best practice and represent best value for money.<br>b) ensure competitive tenders are sought at least every 5 years where non GBS bank is used. | <br><br>Approved by the CFO and reported to the next meeting of the Board.<br>Approved by the CFO and reported to the next meeting of the Board.<br><br>CFO<br><br>CFO |
| (b) | Income systems, including system design, prompt banking, review and approval of fees and charges, debt recovery arrangements, design and control of receipts, provision of adequate facilities and systems for employees whose duties include collecting or holding. | CFO |
| (c) | Duty to inform Chief Finance Officer of money due from transactions which they initiate/deal. | All employees |
| | **DELEGATED MATTER** | **AUTHORITY DELEGATED TO** |
| ***5*** | ***Non-Pay Revenue and Capital Expenditure Requisitioning/Ordering/Payment of Goods and Services*** | |
| ***a)*** | Non Pay expenditure for which no specific budget has been set up and which is not subject to funding under delegated powers of virement. | In order of authority to make allowances for absence: (1) CFO (2) AO/DAO. The CFO remains accountable for all decisions. |
| ***b)*** | Orders exceeding 12 month period (other than under contract). | In order of authority to make allowances for absence: (1) CFO (2) AO/DAO.<br>The CFO remains accountable for all decisions. |
| | **DELEGATED MATTER** | **AUTHORITY DELEGATED TO** |
| ***6*** | ***Quotation, Tendering & Contract Procedures*** | |

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| ***(a)*** | Limits for quotes, tenders and EU procurement for all Budget Holders (all values are inclusive of VAT irrespective of whether this is reclaimable or not):<br>(a) up to £15,000<br><br>(b) from £15,000 up to £50,000 obtaining at least 3 written competitive quotations for goods/services.<br><br>(c) £50,000 and above<br><br>(d) The EU limits are given at: http://www.ojec.com/Threshholds.aspx<br>You must check to ensure you have the correct limits.<br><br>(e) Responsibilities in the Tendering Process:<br>i) Issuing of tender documentation<br>ii) Receipt and custody of tender documentation<br><br>iii) Opening of Tenders<br><br>iv) Post tender negotiation | (a) Delegated Budget Holder responsibility<br><br>(b) Head of Department (Band 8c) / Assistant Directors (Band 8d) /Deputy Directors (Band 9)<br><br>(c) Formal tendering process<br><br>(d) EU tendering limit: OJEC procurement process to be applied<br><br>(e)<br>i) Per authorised limits<br>ii) Accountable Officer or Assistant Director of Contracting.<br><br>iii) 2 Chief Officers or 2 Deputy Directors (Band 9), or 1 Executive Director and either 1 Head of Department (band 8c) or Assistant Director (band 8d) as designated by the Accountable Officer and not from the originating department. An Executive Director should be one of the two, where the tender is estimated to be in excess of £100,000.<br><br>iv) At least three of the lowest (highest if sale) tenders shall be informed that the Board wishes to enter into post offer negotiations. Each of the offerors shall be invited to attend a separate meeting with the ICB. Negotiation with each offeror may continue over a series of meetings. |

| | DELEGATED MATTER | AUTHORITY DELEGATED TO: |
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| ***(b)*** | Authorisation of payments to public partnership schemes under existing contracts<br>• May relate to Section 106 (1990 Town & Country Planning Act) private agreements made between local authorities and developers, which can be attached to a planning permission to make acceptable development which would otherwise be unacceptable in planning terms.<br>• May be applied where ICB is asked to endorse Section 106 agreement where one or member practices (and therefore ICB members) are financial beneficiaries of payments under Section 106 in supporting development of primary care estate. The ICB itself would not be a financial beneficiary.<br>• May be applied where there is an existing contract (GMS, PMS, APMS) between the ICB and the practice or practices concerned. | In order of authority to make allowances for absence (1) CFO (2) Deputy Director of Finance / Assistant Director of Contracting. The CFO remains accountable for all decisions. |
| ***(c)*** | Waiver formal tendering procedures. | CFO with the Head of Corporate Governance. |
| **(d)** | Report waivers of tendering procedure to the Audit Committee. | In order of authority to make allowances for absence (1) CFO (2) Head of Corporate Governance. |
| **(e)** | Where a supplier is chosen that is not on the approved list the reason shall be recorded in writing to the officer / committee with delegated authority. | CFO and Accountable Officer |
| **(f)** | Shall maintain a register to show each set of competitive tender invitations despatched. | CFO |
| **(g)** | Responsible for treatment of 'late tenders'. | Accountable Officer and Chief Officers |
| **(h)** | No tender shall be accepted which will commit expenditure in excess of that which has been allocated by ICB and which is not in accordance with these Instructions except with the authorisation of the Officer with delegated authority. | Accountable Officer |
| **(i)** | Shall ensure that appropriate checks are carried out as to the technical and financial capability of those firms that are invited to tender or quote. | CFO |
| **(j)** | The Accountable Officer or their nominated officer should evaluate the quotation and select the quote which gives the best value for money. | In order of authority to make allowances for absence (1) if within budget holder delegated authority (2)if above budget holder delegation Deputy Director of Finance / Assistant Director of Contracting (3) CFO |
| ***(k)*** | No quotation shall be accepted which will commit expenditure in excess of that which has been allocated by the ICB and which is not in accordance with these Instructions except with the authorisation of the Officer with delegated authority. | Accountable Officer and CFO |
| ***(l)*** | The Accountable Officer shall nominate an officer who shall oversee and manage each contract on behalf of the ICB. | CFO |

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| ***(m)*** | The Accountable Officer shall nominate officers with delegated authority to enter into contracts of employment, regarding staff, agency staff or temporary staff service contracts. | Chief Officers, Deputy Directors, Assistant Directors and Heads of Departments. |
| ***(n)*** | Procurement of professional services:<br>a) Legal advice and services | Head of Corporate Governance or CFO |
| ***(o)*** | Acceptance of tender other than lowest. | Accountable Officer (report to the Board) reasons for acceptance set out in a permanent record. |
| ***(p)*** | Single Quote Authorisations | Accountable Officer or CFO. Where only one quote is sought/received the ICB shall as far as practical, determine that the price to be paid is fair and reasonable and details of the investigation recorded. |
| ***(q)*** | Single Tender Authorisations | Accountable Officer or CFO. Where only one tender is sought/received the ICB shall as far as practical, determine that the price to be paid is fair. |
| ***(r )*** | Waiving of quotations/tenders subject to Standing Orders. | CFO to report to the Audit Committee. |
| ***(s)*** | Capital schemes<br><br>(a) Appointment of architects, quantity surveyors, consultant engineers and other professional advisors within EU regulations.<br><br>(b) Granting, terminating or extending leases with an annual charge of:<br>(i) up to £99,999<br>(ii) £250,000 and above | <br><br>(a) Accountable Officer or Executive Director as designated by the Accountable Officer.<br><br>(b) subject to prior approval from NHS England / PropCo as required<br>(i) CFO<br>(ii) Accountable Officer and CFO |

| | DELEGATED MATTER | | AUTHORITY DELEGATED TO: |
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| ***7*** | ***Commissioning Expenditure*** | | |
| | ***<u>For information to note:</u>** financial delegation to Committees of the Integrated Care Board are provided below for completeness, the detail is available in the Scheme of Reservation and Delegation (SORD).* | | |
| | Up to | £20,000,000 | ICB System Executive collectively have a financial delegation to procure / award contract / approve contract variation of up to £20,000,000 for **healthcare commissioning** / healthcare contracts over the total term of the contract.<br>Above this delegated limit will be approved by the ICB Board. |
| | Up to | £10,000,000 | ICB Executive Management Team collectively have a financial delegation to procure / approve contract award / variation 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).<br>Above this delegated limit will be approved by the ICB Board. |
| | Up to | £10,000,000 and primary care delegated commissioning budget | Strategic Commissioning Group as a sub-group of the ICB System Executive Management Team and has direct delegation from the Board as follows:<br>• To 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.)<br>• 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.)<br>• 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.)<br>In addition, the Strategic Commissioning Group has delegated authority for the delegated primary care services function and expenditure in line with budget (when outwith the East Midlands Joint Committee). Above this delegated limit will be approved by the ICB System Executive Team up to its delegated limit. |

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| ***a)*** | ***Limits for Invoice and requisition / purchase order approval of administrative / infrastructure / non-healthcare related spend on Goods and Services*** (figures quoted inclusive of VAT) | | |
| | up to | £15,000 | Delegated budget holder |
| | up to | £50,000 | Head of Department (Band 8C) / Assistant Directors (Band 8d) |
| | up to | £100,000 | Deputy Director (Band 9) |
| | up to | £500,000 | Chief Officers |
| | up to | £3,000,000 | Accountable Officer and CFO |
| | over | £3,000,000 | Accountable Officer and CFO to approve following approval from ICB' Board. |
| | For pharmacy, optometry and dental up to | £100,000 | Pharmacy, Optometry and Dental Hosted Team (see also detailed information in Appendix 1 to this document). |
| | For pharmacy, optometry and dental over | £100,000 | Chief Strategy Officer and Deputy Chief Strategy Officer |
| ***b)*** | ***Approval of s117 and Continuing Healthcare and other personalised care packages such as joint packages of care with the local authority (Healthcare spend / Commissioning Programme cost invoices*** (NHS and non-NHS) | | |
| | up to | £100,000 | Budget holder for personalised care (Band 8b / Band 8c) |
| | above | £100,000 | Assistant Director of Nursing or equivalent or Chief Nursing Officer |
| ***c)*** | ***Limits for Invoice approval of Healthcare spend / Commissioning Programme cost invoices*** (NHS and non-NHS) e.g. personalised care invoices. | | |
| | up to | £200,000 | Delegated budget holder |
| | up to | £400,000 | Designated senior manager (Band 8b) |
| | up to | £2,000,000 | Head of Department (Band 8C) / Assistant Directors (Band 8d) |
| | up to | £10,000,000 | Deputy Director (Band 9) |
| | up to | £20,000,000 | Executive Director |
| | over | £20,000,000 | Accountable Officer or CFO |
| | Up to | £100,000 | Pharmacy, Optometry and Dental Hosted Team (see also detailed information in Appendix 1 to this document). |
| | For pharmacy, optometry and dental over | £100,000 | Chief Strategy Officer and Deputy Chief Strategy Officer |
| ***d)*** | ***Limits for signing Agreement of NHS Service Level (SLAs), NHS Contracts and non-NHS Contracts and contract variations*** (where SLAs and contracts have been approved, including grant agreements, s256 / s75 agreements (unless s75 agreement needs to be executed by a seal in which case this must be signed by an Executive Director)). Values quoted are over the term of the contract and not annual payments. | | |

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| | **NHS SLAs / NHS Contracts** | **non-NHS** | |
| | up to £2,000,000 | up to £200,000 | Head of Department (Band 8C) / Assistant Directors (Band 8d) |
| | up to £10,000,000 | up to £2,000,000 | Deputy Director (Band 9) |
| | over £10,000,000 | over £2,000,000 | Accountable Officer or Executive Director |
| ***e)*** | ***Signing of NHS Contracts, Agreement of NHS Service Level and contract variations*** *(*where contracts and agreements have been approved, where there is no financial impact and the contract variation is of a non-financial nature). | | |
| | GMS, PMS and APMS - non-financial contract variations, for example:<br>- update to terms or specification<br>- changes to boundaries,<br>- change in partnership<br>- lease agreements | | In order of authority to make allowances for absence (1) Assistant Director of Contracting and Procurement (2) Head of Contracting and Procurement |
| | As lead or associate for acute, mental health, community, community based services non-financial contract variations, for example:<br>- update to national / local terms or specification. | | In order of authority to make allowances for absence (1) Assistant Director of Contracting (2) Head of Contracting and Procurement |
| ***f)*** | ***Other aspects of commissioning expenditure*** | | |
| | Further reimbursement of expenditure within approved allocation | | Budget holders or Chief Officers |
| ***8*** | **Setting of Fees and Charges ( Income generation)** | | CFO |
| ***9*** | ***Agreements / Licences*** | | |
| ***a)*** | Preparation and signature of all tenancy agreements/licences for all staff. | | In order of authority to make allowances for absence: (1) CFO (2) AO/DAO. The CFO remains accountable for all decisions under this authority. |
| ***b)*** | Extensions to existing leases | | In order of authority to make allowances for absence: (1) CFO (2) AO/DAO. The CFO remains accountable for all decisions under this authority. |
| ***c)*** | Letting of Premises to/from outside organisations | | In order of authority to make allowances for absence: (1) CFO (2) AO/DAO. The CFO remains accountable for all decisions under this authority. |
| ***d)*** | Approval of rent calculation based on professional assessment | | CFO |
| ***10*** | ***Condemning & Disposal*** | | |
| ***a)*** | Items obsolete, obsolescent, redundant, irreparable or cannot be repaired cost effectively (e.g. corporate furniture and fittings, IT and other hardware, and intangible assets): | | |

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| | i) With current/estimated purchase price <£500 | Budget Holder or Deputy Director of Finance |
| | ii) With current/estimated purchase price >£500 | In order of authority to make allowances for absence: (1) Deputy Director of Finance (2) CFO. The CFO remains accountable for all decisions under this authority. |
| | iii) Community hospital assets on the ICB' Fixed Asset Register | CFO |
| | **DELEGATED MATTER** | **AUTHORITY DELEGATED TO**: |
| ***11*** | ***Losses, Write-off & Compensation***<br>Assurance presented to Audit Committee. | |
| ***a)*** | Losses and cash due to theft, fraud, overpayment and others >£50,000 | CFO and in line with the Losses and Special Payments Policy. |
| ***b)*** | Fruitless Payments (including abandoned Capital Schemes) | Liaison with the ICB' Local Counter Fraud Specialist and Police as required and in line with the ICB' Corruption, Fraud and Bribery Policy. |
| | i) <£100,000 | Deputy Director of Finance |
| | ii) >£100,000 and <£250,000 | CFO |
| ***c)*** | Bad Debts and Claims Abandoned. Private Patients, Overseas Visitors & Other >£50,000 | CFO |
| ***d)*** | Damage to buildings, fittings, furniture and equipment and loss of equipment and property in stores and in use due to : Culpable causes (e.g. fraud, theft, arson) or other >£50,000 | CFO |
| ***e)*** | Compensation payments made under legal obligation | CFO in line with the Losses and Special Payments Policy. |
| ***f)*** | Extra contractual payments made to contractors up to £50,000 | CFO in line with the Losses and Special Payments Policy. |
| ***g)*** | Extra statutory or exit regulatory payments | CFO in line with the Losses and Special Payments Policy. |
| ***h)*** | ***Ex Gratia Payments*** | |

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| | Patients and staff for loss of personal effects :<br>i) <£500<br>ii) >£500 and <£5,000<br>iii) >£5,000 and £50,000<br><br>Any ex Gratia payment relating to termination of employment or termination of employment deemed in excess of or outside of statutory or contractual entitlements would be presented to the Remuneration Committee for review and the Remuneration Committee would make recommendation to the Governing Body. It will also be subject to an application with Business Case to NHS England, where appropriate. This would also include novel, contentious or repercussive cases i.e. Severance payments. | i) ICB Budget Managers<br>ii) Deputy Director of Finance<br>iii) CFO |
| ***i)*** | For clinical negligence and for personal injury claims involving negligence where legal advice has been obtained and guidance applied<br>a) up to £50,000 (negotiated settlements)<br>b) > £100,000 (negotiated settlements) | a) Head of Corporate Governance<br>b) In order of authority to make allowances for absence: (1) Deputy Director of Finance (2) CFO. |
| ***j)*** | Write off of NHS Debtors : i) <£250,000 | CFO – reported to Audit Committee for information and assurance. |
| ***k)*** | Write off of Non-NHS Debtors : i) <£250,000 | CFO – reported to Audit Committee for information and assurance. |
| | **DELEGATED MATTER** | **AUTHORITY DELEGATED TO[11]** |
| ***12.*** | ***Reporting of Incidents to the Police*** | |
| ***a)*** | Where a criminal offence is suspected :<br>i) Criminal Offence of a violent nature<br>ii) Theft<br>iii) Other | Budget holders or Chief Officers<br>Chief Officers<br>Chief Officers |
| ***b)*** | Where a fraud is involved ( following referral to the Counter Fraud Service) | CFO |
| ***c)*** | Where an incident occurs out of normal working hours | On Call Director |
| ***13.*** | ***Receiving Hospitality*** | |

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| ***a)*** | You must ensure that the best interests of public and patients are upheld in decision making and that any decisions are not improperly influenced by gifts or inducements (as set out in the code of conduct for NHS Managers).<br>In the exceptional circumstances that a gift or hospitality is accepted, both individual and collective hospitality receipt items in excess of £25 per item received must be declared. (If this is in conflict with the Conflicts of Interest, Gifts and Hospitality and Sponsorship Policy, then the Policy should take precedence). | Declarations required in line with ICB' Conflicts of Interest, Sponsorship and Gifts and Hospitality Policy. |
| ***b)*** | Register of Gifts and Hospitality to be maintained, monitored and updated. | Head of Corporate Governance. |
| ***14.*** | ***Implementation of Internal and External Audit Recommendations*** | CFO |
| ***15.*** | ***Maintenance & Update of ICB Financial Procedures*** | CFO |
| | **DELEGATED MATTER** | **AUTHORITY DELEGATED TO[11]** |
| ***16.*** | ***Investment of Funds*** | CFO |
| ***17.*** | ***Personnel & Pay*** | |
| ***a)*** | Authority to fill funded post on the establishment with permanent staff (within budget) | Authorised Budget Holders and ICB Budget Managers |
| ***b)*** | Authority to appoint staff not on the formal establishment | Accountable Officer and CFO |
| ***c)*** | *Upgrading & Regrading* :<br>i) All requests for upgrading/re-grading shall be dealt with in accordance with ICB HR policy and procedure | In line with HR Policy. |

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| ***d)*** | *Pay:*<br>i) Authority to complete standing data forms effecting pay, new starters, variations and leavers, up to a maximum annual equivalent of £150,000 per annum. | i) Chief Officers, CFO and Deputy Director of Finance (relevant to staff function and subject to Remuneration Committee recommendation/decision where applicable). |
| | ii) Authority to complete standing data forms effecting pay, new starters, variations and leavers, over an annual equivalent of £150,000 per annum | ii) Chief Officers, CFO and Deputy Director of Finance commend the case before seeking Ministerial support via NHS England In order of authority to make allowances for absence: (1) CFO (2) AO/DAO. The CFO remains accountable for all decisions under this authority (relevant to staff function and subject to Remuneration Committee recommendation/decision where applicable). |
| | iii) Authority to complete and authorise positive reporting forms | iii) Line/Departmental Managers, Deputy Director of Finance or Chief Officers. |
| | iv) Authority to authorise overtime (only where HR Policy permits)<br>v) Authority to authorise travel and subsistence expenses | iv) and v) Line/Departmental Managers, Deputy Director of Finance or Chief Officers (in line with HR policy). |
| | vi) Approval of Performance Related Pay Assessment in line with Agenda for Change Framework | vi) In order of authority to make allowances for absence: (1) CFO (2) AO/DAO or Remuneration Committee to make a recommendation for Very Senior Managers. The CFO remains accountable for all decisions under this authority (except where relating to the CFO). |

| | DELEGATED MATTER | AUTHORITY DELEGATED TO |
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| ***e)*** | *Payroll Deductions*:<br>i) PAYE, NIC & Pension Payments <£500k<br>ii) Payment requests <£100,000 | CFO<br>CFO |
| ***f)*** | *Leave:*<br>i) Approval of Annual Leave<br>ii) Annual Leave – approval of carry forward up to a maximum of 5 days<br>iii) Annual Leave – approval of carry forward > 5 days<br>iv) Compassionate Leave<br>v) Special Leave arrangements:<br>• Paternity Leave<br>• Carers Leave | <br>i) Line / Departmental Manager<br>ii) Chief Officers<br>iii) Chief Officers<br>iv) Line / Departmental Manager (in line with HR Policy)<br>v) Line / Departmental Manager (in line with HR Policy) |
| ***g)*** | viii) Unpaid Leave<br>ix) Maternity Leave – Paid and Unpaid | Line Manager / Departmental Manager (in line with HR Policy)<br>Automatic approval within Chief Officers (subject to HR guidance) |
| ***h)*** | *Sick Leave*:<br>i) Extension of sick leave on half pay<br>ii) Return to work part time on full pay to assist recovery<br>iii) Extension of sick leave on full pay | Chief Officers<br>Chief Officers<br>Chief Officers |
| ***i)*** | *Study Leave:*<br>i) in line with HR Policy | in line with HR Policy |
| ***j)*** | Grievance Procedure :<br>All grievances must be dealt with strictly in accordance with the Grievance Procedure and the advice of HR must be sought. | Line Manager/Departmental Manager |
| ***k)*** | Discipline Procedure :<br>All grievances must be dealt with strictly in accordance with the Discipline Procedure and the advice of HR must be sought . | Line Manager/Departmental Manager |
| ***l)*** | Authorised Car & Mobile Phone Users:<br>i) Requests for car usage,<br>ii) mobile telephone users, I-Phone and VPN access | i) Budget holders, Deputy Director of Finance or Chief Officers<br>ii) Head of Corporate Governance or Chief Officers |
| ***m)*** | Renewal of Fixed Term Contract | Chief Officers or AO or DAO |

| | DELEGATED MATTER | AUTHORITY DELEGATED TO |
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| ***n)*** | *Redundancy :*<br>i) <£50,000<br>ii) >£50,000 to £95,000 (up to maximum allowable under NHS England rules) | In line with policy, CFO and AO (in conjunction with Board) |
| ***o)*** | *Ill Health Retirement :*<br>Decision to pursue retirement on the grounds of ill-health | In order of authority to make allowances for absence: (1) CFO (2) AO/DAO, in conjunction with Occupational Health. The CFO remains accountable for all decisions under this authority |
| ***p)*** | *Dismissal:* | In order of authority to make allowances for absence: (1) CFO (2) AO/DAO. The CFO remains accountable for all decisions under this authority |
| ***18.*** | ***Authorisation of Sponsorship Deals*** | Refer to Conflicts of Interest, Sponsoring and Gifts and Hospitality Policy |
| ***19.*** | ***Authorisation of Research Projects*** | Chief Nursing Officer and Chief Medical Officer |
| ***20.*** | ***Insurance Policies and Risk Management*** | In order of authority to make allowances for absence: (1) CFO (2) AO/DAO. The CFO remains accountable for all decisions under this authority |
| ***21.*** | ***Complaints****:*<br>i) Overall responsibility for ensuring all complaints are dealt with effectively<br>ii) Responsibility for ensuring complaints relating to the ICB are investigated thoroughly<br><br>iii) Clinical quality and clinical safety related complaints – oversight | CFO in conjunction with Head of Corporate Governance and the Corporate Governance Team<br><br>Chief Nurse |
| ***22.*** | ***Relationships with media*** | In order of authority to make allowances for absence: (1) AO/DAO (2) Chief Officers. |
| ***23.*** | ***Review of all statutory compliance legislation and Health & Safety requirements*** | CFO in conjunction with the Head of Corporate Governance. |
| ***24.*** | ***Review of ICB's compliance with the Data Protection Act and associated legislation*** | In order of authority to make allowances for absence: (1) CFO in conjunction with the Head of Corporate Governance (2) AO/DAO or Appropriate Delegated ICB Management Director |
| ***25.*** | ***The Keeping of a Declaration of Interests Register*** | Head of Corporate Governance |
| ***26.*** | ***Attestation of Sealings in accordance with Standing Orders*** | CFO with support from Head of Corporate Governance |
| ***27.*** | ***The Keeping of a register of Sealings*** | Head of Corporate Governance |
| ***28.*** | ***The Keeping of the Hospitality Register*** | Head of Corporate Governance |
| ***29.*** | **Senior Information Risk Owner responsibilities** | CFO with support from Head of Corporate Governance |

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| ***30.*** | **Lead officer with responsibility / oversight for the following statutory duties:**<br><br>a) Children and young people (aged 0 to 25)<br>b) Children and young people (aged 0 to 25)<br>c) Children and young people with special educational needs and disabilities (SEND)<br>d) Safeguarding (all-age), including looked after children<br>e) Learning disability and autism (all-age).<br>f) Down syndrome (all-age). | a) Chief Nursing Officer<br>b) Chief Nursing Officer<br>c) Chief Nursing Officer<br>d) Chief Nursing Officer<br>e) Chief Nursing Officer<br>f) Chief Nursing Officer |

| **GLOSSARY OF TERMS** | |
|---|---|
| ***AO –*** Accountable Officer | ***CFO –*** Chief Finance Officer |
| ***DAO –*** Deputy Accountable Officer | |
| ***Chief Officers***<br>Where referred to in this document, this will relate to:<br>· The Chief Executive (Accountable Officer)<br>· The Chief Finance Officer<br>· The Executive Director of Nursing, Quality and Performance and Deputy Accountable Officer (DAO)<br>· The Executive Director of People and Innovation<br>· The Executive Director of Strategy and Planning<br>· The Executive Director of Integration and Transformation | ***Budget Manager / Budget holder –*** e.g. Deputy Directors, Heads of Department, Assistant Directors |

**Appended to the LLR ICB Operational Scheme of Reservation and Delegation (June 2023)**

**PODS FINANCE WORKSTREAM**
**RESOURCE MATERIAL DISTRIBUTED TO FCAG MEMBERS 18.03.2023**
**NARRATIVE AVAILABLE FOR USE BY ICBS**

**EXPLANATORY NOTE**
**Introduction**
The material set out in the following pages addresses aspects associated with:
(a) ICBs taking on additional delegated responsibility for direct commissioning from 1st April, under the terms of a Delegation Agreement with NHS England;
(b) the reservation of those powers by all ICBs in the Midlands, under a Scheme of Reservation and Delegation (SORD) to a separate Joint Committee, whose workings will be defined through the terms of a Joint Working Agreements (JWAs) between ICBs[1]

The purpose of providing this material to ICBs are several:

(1) To assist ICBs to address matters and find solutions to issues raised by their board members around the finance delegations and the finance limits that are associated with POD business.
(2) To ensure that the routine POD business of the day can continue whilst ensuring it remains bounded by the governance arrangements that each ICB currently has in place[2].
(3) to address comments previously raised by Finance Workstream members to the Primary Care Integration Project Group; in respect of the finance section that is contained in the current JWA between ICBs;
(4) to provide a generic set of words that ICBs may choose to use for reporting purposes and in doing so allow a degree of consistency in language and meaning across the 11 ICBs;
(5) to help ensure that current versions of ICB governance documentation/ agreements that are in place can stand the test of external audit scrutiny in the future when it comes to matters linked with ICB's 2023 24 statutory accounts and the associated audit/ regulatory processes.

Material is organised as follows:


**Next Steps**
It is advised that each ICB considers the material to determine what is useful and relevant for them. ICBs are advised to ensure certain elements of the narrative (as indicated) are already included in their SORD and/ or the JWAs between ICBs;

If after review ICBs believe that variations are required ahead of 1st April 2023 start, then they would be advised to seek approval either through their ICB Boards (if yet to meet to sign off on the delegation aspects) or instead use Chair/ Chief Executive action to approve.

[1] Those terms being set out either in (a) Agreement in relation to the establishment and operation of joint working arrangements – "Tier One": Joint Committee East Midlands (Part B (PODs) Business) or (b) Agreement in relation to the establishment and operation of joint working arrangements – "Tier One": Joint Committee West Midlands (Part B (PODs) Business)

[2] A set of governance documents/ instruments aligned to the workings of the Joint Committee have yet to be developed, established and approved by ICB Boards. Until such that time that has happened each ICB will need to ensure that the transactions, financial delegations and the decisions it makes in relation to POD business remain intra vires.

**Appended to the LLR ICB Operational Scheme of Reservation and Delegation (June 2023)**

**FINANCE RESOURCE MATERIAL FOR USE BY ICBS- Each ICB to check already included in their own individual governance documentation/ agreements**

**ICBs: TO INCLUDE OR CHECK ALREADY INCLUDED IN THE THEIR SORD**

**Finance Delegations**

Until such time that the Joint Committee produces its own set of Standing Financial Instructions (SFIs)/ Scheme of Reservation and Delegation (SORD) for ICB approval, the financial delegations associated with the work of the Joint Committee will be bounded by the those set out in an ICB's existing governance arrangements.

At a practical level it will mean each ICB (if not done so already) proposing specific amendments to existing finance limits to ensure routine POD business continues and in a consistent manner across ICBs from 1st April 2023. At the time of writing anticipated amendments to an ICB's existing governance documentation would include:

A. **ADJUSTMENT TO FINANCE LIMITS** ***(to ensure smooth and consistent operation of limits in relation to routine POD business across ICBs)***
   - purchase order requisitions, credit notes, invoices, non-PO invoices and payments up to and including a value of £100,000;
   - contract variations up to and including a value of £100,000;

B. **ADJUSTMENT TO SCOPE OF AUTHORISATION** ***(that ensure smooth operation of routine POD business across ICBs by NHS England officers undertaking duties on behalf of ICBs)***
   - expanding to include officers employed by NHS England who are undertaking POD related business on behalf of each ICB.

C. **ADJUSTMENTS TO REFLECT SCHEDULE 5 OF THE DELEGATION AGREEMENT** ***(areas requiring joint approval with NHS England before going ahead)***
   - Taking any step or action in relation to the settlement of a Claim, where the value of the settlement exceeds £100,000;
   - Any matter in relation to the Delegated Functions which is novel, contentious or repercussive;
   - The entering into of any Primary Care Contract or arrangement which has or is capable of having a term which exceeds five (5) years.
   - In regard to capital decisions, the ICB will **not** have delegated or directed responsibility for decisions in relation to capital expenditure but the ICB may be required to carry out certain administrative services in relation to capital expenditure as set out in the Delegation Agreement.

D. **POD BUSINESS BOUNDED BY EXISTING ICB's GOVERNANCE ARRANGEMENTS**
   - Any other activity not described above, including contract signatures, budget virements, Losses and Special Payments.

For the avoidance of doubt, until such time there are SFIs and a SORD positioned at Joint Committee level and which has been approved by each ICB, then the financial delegations needed to be in place will be those as set out in an individual ICB's governance arrangements.

**Appended to the LLR ICB Operational Scheme of Reservation and Delegation (June 2023)**

**FINANCE RESOURCE MATERIAL FOR USE BY ICBS- Each ICB to check already included in their own individual governance documentation/ agreements**

**ICBs: INCLUDE OR CHECK ALREADY INCLUDED IN THE JWA BETWEEN ICBs RELATING TO PODs BUSINESS**

**Finance Allocations and ICB Accountability**

From 1st April 2023, ICBs will continue to assume delegated responsibility for primary medical services and will also take on delegated responsibility for dental (primary, secondary and community), general ophthalmic services and pharmaceutical services (including dispensing doctors and dispensing appliance contractors).

Financial resources, previously managed on a Midlands Region footprint will be allocated to individual ICBs on the basis of historic cost *(DN: To insert the specific basis on which that has occurred);* to be managed by each individual ICB on its own geographic footprint and will be held accountable for delivery against its statutory financial responsibilities.

**Pooling of ICB allocations**

For the avoidance of doubt there will be no pooling of allocations and/ or associated budgets by ICBs for the purposes of discharging its commissioning responsibilities under the Delegation Agreement it has with NHS England. Each ICB will be expected to maintain financial balance within the allocation it has been set.

**Financial Risk Sharing**

Each ICB, in conjunction with the other 10 ICBs in the Midlands will enter a joint risk sharing agreement for a period of at least 12 months following the Delegation Agreement coming into force to minimise the impact of financial volatility that may occur during the period of transition and in doing so minimise the risk of de-stabilising local (ICB) health economies. In signing up to the agreement, each ICB agrees to operate and behave in line with the principles set out in the *(insert once agreed, reference to "final" risk sharing principle and mechanisms paper-most recent version circulated by JC to FCAG members on 18.03.2023).*

**Finance Delegations**

Until such time that the Joint Committee produces its own set of Standing Financial Instructions (SFIs)/ Scheme of Reservation and Delegation (SORD) for ICB approval, the financial delegations associated with the work of the Joint Committee will be bounded by the those set out in an ICB's existing governance arrangements.

At a practical level it will mean each ICB (if not done so already) proposing specific amendments to existing finance limits to ensure routine POD business continues and in a consistent manner across ICBs from 1st April 2023. At the time of writing anticipated amendments to an ICB's existing governance documentation would include:

**E. ADJUSTMENT TO FINANCE LIMITS *(to ensure smooth and consistent operation of limits in relation to routine POD business across ICBs)***

- purchase order requisitions, credit notes, invoices, non-PO invoices and payments up to and including a value of £100,000;
- contract variations up to and including a value of £100,000;

**F. ADJUSTMENT TO SCOPE OF AUTHORISATION *(that ensure smooth operation of routine POD business across ICBs by NHS England officers undertaking duties on behalf of ICBs)***

- expanding to include officers employed by NHS England who are undertaking POD related business on behalf of each ICB.

**G. ADJUSTMENTS TO REFLECT SCHEDULE 5 OF THE DELEGATION AGREEMENT *(areas requiring joint approval with NHS England before going ahead)***

- Taking any step or action in relation to the settlement of a Claim, where the value of the settlement exceeds £100,000;
- Any matter in relation to the Delegated Functions which is novel, contentious or repercussive;
- The entering into of any Primary Care Contract or arrangement which has or is capable of having a term which exceeds five (5) years.
- In regard to capital decisions, the ICB will **not** have delegated or directed responsibility for decisions in relation to capital expenditure, but the ICB may be required to carry out certain administrative services in relation to capital expenditure as set out in the Delegation Agreement.

**H. POD BUSINESS BOUNDED BY EXISTING ICB's GOVERNANCE ARRANGEMENTS**

- Any other activity not described above, including contract signatures, budget virements, Losses and Special Payments.

For the avoidance of doubt, until such time there are SFIs and a SORD positioned at Joint Committee level and which have been approved by each ICB, then the financial delegations needed to be in place will be those as set out in an individual ICB's governance arrangements.

**FINANCE RESOURCE MATERIAL FOR USE BY ICBS- for each ICB to use as they wish**

**Introduction/ Context Section**

The Secretary of State sets a budget for NHS England to deliver the requirements of the NHS Mandate. NHS England then sets national budgets across several funding streams depending on need and current priorities. These funding streams include:

- ICB 'core' allocations, such as for acute, mental health and community services
- Primary medical care, i.e. GP services
- Direct commissioning, such as for dentistry, ophthalmology, pharmacy, public health, armed forces and health and justice services
- Specialised services

ICB 'core' allocations are targeted using a fair share of resources with the estimated target allocation for each ICB based on a weighted capitated formula for its population. ICBs move from baseline to target allocation in line with a pace of change policy to prevent destabilising local economies. In contrast, allocations for funding streams associated with Direct and Specialised Commissioning are distributed to NHS England regions and programme teams. These budgets reflect baseline spending and any adjustments needed for specific factors.

Under the new commissioning landscape, the Health and Care Bill establishes a new power for NHS England to direct Integrated Care Boards (ICBs) to exercise its functions, including delegating direct commissioning functions. This is necessary given ICBs responsibility for integrating care and improving population health. Therefore, the associated allocations currently distributed on an NHS England regional/ programme team footprint will be distributed again but on an ICB geographical footprint. Such allocations will remain initially allocated to each ICB on the basis of historic spend and not on the basis of ICB population health need.

Each ICB continues to have individual accountability and responsibility for managing its spend against the specific finance resources that have been given to it by NHS England. This remains the case for Direct Commissioning Functions delegated to ICBs (whereas under NHS England they would have been managed and held accountable on a regional footprint). For the avoidance of doubt, from 1st April 2023, ICBs will be individually held to account to manage Direct Commissioning Functions against the financial resources that have been specifically allocated to them.

# Appendix F – Audit Committee terms of reference

**Leicester, Leicestershire and Rutland Integrated Care Board**
**Audit Committee**
**Terms of Reference**

## 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: 1 July 2022 by the NHS LLR Integrated Care Board**

**Date of review: July 2023**

# 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: June 2023 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

**NHS Leicester, Leicestershire and Rutland Integrated Care Board**

# Quality and Safety Committee
# Terms of Reference (v2, May 2023)

## 1. CONSTITUTION

The Quality and Safety 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 are bound by the Standing Orders and other policies of the ICB.

## 2. PURPOSE OF THE COMMITTEE

The Quality and Safety Committee has been established to provide the ICB with assurance that it is delivering its functions in a way that secures continuous improvement in the quality of services, against each of the dimensions of quality set out in the Shared Commitment to Quality and enshrined in the Health and Care Act 2022. This includes reducing inequalities in the quality of care.

The Committee exists to scrutinise the robustness of, and gain and provide assurance to the ICB, that there is an effective system of quality governance, transformation 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 Quality and Safety 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 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**

- Non-Executive Director – Quality, Safety, Performance and Transformation (Chair)
- Non-Executive Director – Health Inequalities, Public Engagement, Third Sector and Carers (vice Chair)
- ICB Chief Nursing Officer or nominated deputy
- ICB Chief Medical Officer or nominated deputy
- ICB Chief Operating Officer or nominated deputy
- Chair of the Patient and Public Involvement Assurance Group or nominated deputy / representative
- One Non-Executive Director from University Hospitals of Leicester NHS Trust
- One Non-Executive Director from Leicestershire Partnership NHS Trust
- One Non-Executive Director from East Midlands Ambulance Service

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:

- Assistant Director of Performance and Quality Improvement
- Deputy Chief Nursing Officer
- Communications and engagement lead.

*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 Quality Committee shall meet at least six times per annum. Additional meetings may be convened on an exceptional basis at the discretion of the Committee Chair. The Committee may also convene development and information sharing sessions.

### Quoracy

For a meeting to be quorate a minimum of two Non-Executive Members of the Committee, at least one being a Non-Executive Member of the Board are required, plus at least the Chief Nursing Officer or Chief Medical Officer, plus one other member or their respective nominated deputies.

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 Quality and Safety Committee will be authorised by the ICB Board. It is expected that the Committee will:

- Be assured that there are robust processes in place for the effective management of quality, patient safety, patient experience, transformation and involvement, and health inequalities.
- Scrutinise structures in place to support quality planning, control and performance improvement, to be assured that the structures operate effectively and timely action is taken to address areas of concern.
- Provide assurance to the ICB Board of the robustness of the annual planning cycle and in year developments where it relates to quality of services through the Quality Impact Assessment process. Review the learning from Quality Impact Assessments undertaken and risk mitigation where necessary.
- Provide assurance to the ICB Board of the delivery against system-level one- and five-year performance trajectories and transformative plans.
- Agree and put forward the key quality priorities that are included within the ICB strategy/ annual plan, including priorities to address variation/ inequalities in care through the annual Quality Strategy implementation plan.
- Oversee and monitor delivery of the ICB key statutory requirements.
- Review and monitor those risks on the BAF which relate to quality, and high-risk operational risks which could impact on care or impact on the delivery of the one year and five year priorities. Ensure the ICB is kept informed of significant risks and mitigation plans, in a timely manner, including a focus on Fragile Services
- Oversee and scrutinise the ICB's response to all relevant (as applicable to quality) Directives, Regulations, Strategies, national standards, policies, reports, reviews and best practice as issued by the DHSC, NHSEI and other regulatory bodies / external agencies (e.g. CQC, NICE) to gain assurance that they are appropriately reviewed and actions are being undertaken, embedded and sustained
- Maintain an overview of changes in the methodology employed by regulators and changes in legislation/regulation and assure the ICB that these are disseminated and implemented across all sites
- Oversee and seek assurance on the effective and sustained delivery of the ICB Quality and Safety Improvement Programmes
- Ensure that mechanisms are in place to review and monitor the effectiveness of the quality of care delivered, including clinical outcomes, by providers (including primary care), design groups, collaboratives and place
- Receive assurance that the ICB identifies lessons learned from all relevant sources, including, incidents, never events, complaints and claims and ensures that learning is disseminated and embedded
- Receive assurance that the ICB has effective and transparent mechanisms in place to monitor mortality and that it learns from death (including, Learning Disabilities Mortality Review (LeDeR) programme, Medical Examiner reports, coronial inquests and PFD report)
- Identify mechanisms to obtain assurance about the quality of services through for instance collaborative arrangements, quality visits etc.
- To be assured that people drawing on services are systematically and effectively involved as equal partners in quality activities
- Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for safeguarding adults and children and young people.

- Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for infection prevention and control.
- Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for equality and diversity as it applies to people drawing on services.
- Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for medicines optimisation and safety.
- Ensure that the experience of patients and carers informs the work of the ICB and themes, trends and issues are managed.
- Have oversight of and approve the Terms of Reference and work programmes for the groups reporting into the Quality Committee (e.g. System Quality Group, Patient and Public Involvement Assurance Group)
- Seek assurance from the ICB System Quality Group (SQG) in relation to actions taken to mitigate risks and provide a point of escalation for quality and safety risks for oversight and facilitating appropriate action to be taken.
- Undertake a risk review to seek further assurance from the SQG where assurance received from the SQG is below expected levels (in line with national guidance https://www.england.nhs.uk/wp-content/uploads/2022/06/B1497-ngb-guidance-on-quality-risk-response-and-escalation-in-ics.pdf )

## 7. ACCOUNTABILITY and REPORTING ARRANGEMENTS

The Quality & Safety Assurance 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 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:** June 2023 by the NHS LLR ICB
**Date of review:** 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: in June 2023 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**

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| **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 |

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| **Introduction and purpose** | The Joint Committee has been established by the ICBs as listed:<br><br>**Integrated Care Board** of **NHS Derby and Derbyshire**,<br><br>**Integrated Care Board** of **NHS Leicester, Leicestershire and Rutland**,<br><br>**Integrated Care Board** of **NHS Lincolnshire**,<br><br>**Integrated Care Board** of **NHS Northamptonshire,**<br><br>**Integrated Care Board** of **NHS Nottingham and Nottinghamshire.**<br><br>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..<br><br>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.<br><br>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.<br><br>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.<br><br>The Joint Committee will operate as the decision-making forum for exercising the agreed Joint Functions in accordance with the Agreement.<br><br>By agreement, the Partners may use an alternative title for the Joint Committee that reflects local arrangements, for example, ‘Commissioning Committee.’ |

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| **Statutory Framework** | The Partners have arranged to exercise the Relevant Functions jointly pursuant to section 65Z5 of the NHS Act 2006.<br><br>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:-<br><br>• Determining the appropriate structure of the Joint Committee;<br><br>• 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;<br><br>• Making recommendations on population-based services financial allocation and financial plans;<br><br>• 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;<br><br>• 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.;<br><br>• 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;<br><br>• Ensuring effective engagement with stakeholders, including patients and the public, and involving them in decision-making;<br><br>• Ensuring appropriate clinical advice and leadership, including through Clinical Reference Groups and relevant Clinical Networks;<br><br>• 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.<br><br>• 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;<br><br>• Where agreed by the Partners, overseeing the Collaborative Commissioning Agreements set out in the Joint Working Arrangement; |

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| | • Otherwise ensuring that the roles and responsibilities set out in the Agreement between the Partners are discharged.<br><br>• 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.<br><br>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).<br><br>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><br><br>The following individuals will be the core members of the Joint Committee:-<br>• An Authorised Officer (the CEO) from each ICB<br>• A Chair or a Non-Executive Member from each ICB<br><br>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.<br><br>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.<br><br>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.<br><br><u>Discretionary Membership</u><br><br>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.<br><br><u>Term of Membership</u><br>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. |

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| | Membership Lists<br>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.<br><br>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.<br><br>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.<br><br>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:<br><br>• At least one representative member (or substitute) from each ICB.<br>• One Non-Executive Member/ Director member from any Partner ICB.<br><br>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.<br><br>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:-<br><br>• 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.<br><br>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/<br><br>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 |

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| | 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/<br><br>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.<br><br>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.<br><br>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).<br><br>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.<br><br>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<br>ricky.badiani@nhs.net | chris.lyon3@nhs.net<br>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<br>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<br>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<br>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<br>k.moore@gp-C82017.nhs.uk | Jake.Cooke@nhs.net<br>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<br>Kristy.Mackinson1@nhs.net<br>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<br>Kristy.Mackinson1@nhs.net<br>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<br>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<br>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<br>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<br>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 | | |