



Governance Handbook

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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
Version 2	Approved by the LLR ICB Board.	June 2023
Version 3	Updated by the Head of Corporate Governance to include amended Constitution aligned to the new ICB Model Constitution issued by NHS England, updated Committee terms of reference and updated committee structure. LLR ICB Constitution as approved by the LLR ICB Board and NHS England.	March 2025
Version 4	Clause 3.5 within the Constitution amended as agreed by the LLR ICB Board and approved by NHS England on 1 July 2025. Clause 3.5 within the Constitution further amended in line with nationally mandated amendments received from NHS England on 15 July 2025.	July 2025
Version 5	Updated by the Head of Corporate Governance with the following: <ul style="list-style-type: none"> • reference to the ICB Clustering arrangements with Northamptonshire ICB, • updated Committee structure and associated terms of reference as approved by the LLR ICB Board, • updated Standing Financial Instructions (SFIs) and Scheme of Reservation and Delegation (SoRD) as approved by the LLR ICB Board, • updated Operational Scheme of Delegation (OSoD) as approved by the Chief Executive Officer, and • list of Providers of Primary Medical Services in LLR as at March 2026. 	March 2026

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

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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 Standing Financial Instructions, the Functions and Decisions Map, the Scheme of Reservation and Delegation 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.

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.
12. During 2025/26, the LLR ICB has developed collaborative working arrangements through clustering with NHS Northamptonshire Integrated Care Board (NICB) and thus the governance arrangements have been aligned where possible across the two statutory organisations.

The Constitution and Standing Orders

13. The ICB is responsible for determining the governing arrangements for the 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**.
14. 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.

LLR ICB Board Composition

15. 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**.
16. The board membership is made up of the following 15 members:
 - Chair
 - Chief Executive Officer
 - Three Partner Members:
 - One NHS Trust sector (Executive level) representative
 - One Primary Medical Services Representative
 - One Executive level member from local authority to provide sectoral perspective on adult and children's social care, and public health.
 - Five independent Non-Executive Members (one of whom will be the Deputy Chair)
 - Chief Finance Officer
 - Chief Medical Officer

- Chief Nursing Officer
- Chief Strategy Officer
- Chief Delivery Officer

17. 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/>

18. 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.

Standing Financial Instructions (SFIs)

19. 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 advice and should be read in conjunction with the Operational Scheme of Delegation and detailed financial policies and procedure notes. All financial procedures must be approved by the Chief Finance Officer. The SFIs can be found at **Appendix B**.

Functions and decisions map

20. The functions and decisions map is a visual representation at a high-level setting out where key decisions are taken and / or delegated. 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 joint 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 ICB Board. All committee terms of reference are appended to this Governance Handbook.

Scheme of Reservation and Delegation

23. The ICB's Scheme of Reservation and Delegation (SoRD) (**as at Appendix D**) 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.

24. The SoRD should be read in conjunction with the Functions and Decisions Map (as described above) and also in conjunction with the Operational Scheme of Delegation (Appendix E).

Operational Scheme of Delegations

25. The Operational Scheme of Delegations (OSoD) underpins the SFIs and the SoRD and should be adhered to by all staff.
26. This document sets out the budgetary authority delegated at operational level through the Chief Executive and Chief Officer budget holders.
27. All financial limits in this document will be subject to sufficient budgets being available. The financial processes within the OSoD will be supported by detailed financial policies and financial procedures such as a Budget Manual.
28. The OSoD is within the remit of the Chief Executive to approve and can be found at **Appendix E**.

Committees of the ICB

29. 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 and People Committee (terms of reference as at **Appendix G**)
 - c. Joint Transition and Transformation Committee (terms of reference as at **Appendix H**)
 - d. Joint Commissioning Strategy Committee (terms of reference as at **Appendix I**)
 - e. Joint Quality, Performance and Outcomes Committee (terms of reference as at **Appendix J**)
 - f. Joint Finance and Contracting Committee (terms of reference as at **Appendix K**).

Meetings

30. 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

31. 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').
32. 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

33. 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 L** to this Handbook.

Updated: March 2026

Appendices

Appendix A – The Constitution and Standing Orders



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

NHS Leicester, Leicestershire and Rutland Integrated Care Board

CONSTITUTION

Version	Amendments made and date approved by the ICB	Effective date
V1.0	Approved by NHS England.	1 st July 2022
V2.0	Mandated amendments made as approved by NHS England, ratified by the LLR ICB on 13 October 2022.	13 th October 2022
V3.0	<p>Amended Board composition to include two additional executive members and amended executive officer titles as approved by the LLR ICB in June 2023.</p> <p>Amended Board composition removing the Clinical Executive lead post as a Board member. In addition, updated the content to reflect the nationally mandated amendments as provided by NHS England. Approved by the LLR ICB in October 2024. Approved by NHS England in March 2025.</p>	March 2025
V4.0	<p>Clause 3.5 within the Constitution amended to allow for joint Chief Executive appointments. Agreed by the LLR ICB Board and approved by NHS England on 1 July 2025.</p> <p>Clause 3.5 within the Constitution further amended in line with nationally mandated amendments received from NHS England on 15 July 2025.</p>	July 2025
V5.0	<p>Amendments made in October 2025 to reflect the appointment of the new Executive and Non-Executive Members across the ICB Cluster and alignment of the content to ensure consistency across the NHS LLR ICB and NHS Northamptonshire ICB Cluster.</p> <p>Approved by NHS England in November 2025.</p>	November 2025
V6.0	<p>Amendments made in January 2026 to reflect changes to the Board composition relating specifically to Partner Members, including associated appointments process and quoracy arrangements.</p> <p>Approved by NHS England in February 2026.</p>	February 2026

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1. Introduction

1.1 Background/foreword

1.1.1 NHS England has set out the following as the 4 core purposes of integrated care systems (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.

1.1.2 The integrated care board (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 ICB

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 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.
- 1.3.3 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 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).
- 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 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)
- h) section 116B(1) of the Local Government and Public Involvement in Health Act 2007 (duty to have regard to assessments and strategies)

1.4.8 NHS England has powers to obtain information from the ICB (section 14Z60 of the 2006 Act) and to intervene where it is satisfied that the ICB is failing, or has failed, to discharge any of its functions or that there is a significant risk that it will fail to do so (section 14Z61).

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 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 2 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 several documents that 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) **Scheme of reservation and delegation (SoRD)** – sets out those decisions that are reserved to the board of the ICB and those decisions that have been delegated in accordance with the powers of the ICB and which must be

agreed in accordance with and be consistent with the Constitution. The SoRD identifies where, or to whom, functions and decisions have been delegated to.

- b) **Functions and decision map** – a high level structural chart that sets out which key decisions are delegated and taken by which part or parts of the system. The functions and decision map also includes decision-making responsibilities that are delegated to the ICB (for example, from NHS England).
- c) **Standing financial instructions** – which set out the arrangements for managing the ICB's financial affairs.
- d) **The ICB Governance Handbook** – this brings together all the ICB's governance documents, so it is easy for interested people to navigate. It includes:
 - the above documents a) – c)
 - terms of reference for all committees and sub-committees of the board that exercise ICB functions
 - delegation arrangements for all instances where ICB functions are delegated, in accordance with section 65Z5 of the 2006 Act, to another ICB, NHS England, an NHS trust, NHS foundation trust, local authority, combined authority or any other prescribed body; or to a joint committee of the ICB and one 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 or 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 3.7.2
 - the 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 ICB. 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 3 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) 3 executive members, namely:
 - director of finance
 - medical director
 - director of nursing
 - b) At least 2 non-executive members.
- 2.1.6 The ordinary members include at least 3 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 that 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 that are responsible for providing social care and whose area coincides with or includes the whole or any part of the ICB’s area.

2.1.7 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 three partner members:

- a) One NHS and Foundation Trust sector (Executive level) representative
- b) One Primary Medical Services Provider Representative
- c) One Executive level member from a 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) Chief Strategy Officer
- b) Chief Delivery Officer
- c) Five Non-Executive Members

2.2.3 The board is therefore composed of the following members:

- a) Chair
- b) Chief Executive
- c) One Partner member NHS and Foundation Trusts
- d) One Partner member Primary medical services
- e) One Partner member Local Authorities
- f) Five non-executive members (one of whom, but not the Audit Committee chair, will be appointed deputy chair; and one of whom, who may be the deputy chair or the Audit Committee chair, will be appointed the senior non-executive member)
- g) Chief Finance Officer
- h) Chief Medical Officer
- i) Chief Nursing Officer
- j) Chief Strategy Officer
- k) Chief Delivery Officer

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) 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 to inform its decision-making and the discharge of its functions as it sees fit.
- 2.3.2 Participants will receive advanced copies of the notice, agenda and papers for board meetings. They may be invited to attend any or all the board meetings, or part(s) of a meeting by the chair. Any such person may be invited, at the discretion of the chair, to ask questions and address the meeting but may not vote.
- 2.3.3 Observers will receive advanced copies of the notice, agenda and papers for board meetings. They may be invited to attend any or all the board meetings, or part(s) of a meeting by the chair. Any such person may not address the meeting and may not vote.
- 2.3.4 Participants and/or observers may be asked to leave the meeting by the chair in the event that the board passes a resolution to exclude the public as per the Standing Orders.
- 2.3.5 Advisory personnel may be invited, at the discretion of the Chair, to attend the board to provide specialist advice or address the meeting but may not vote.

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 committed to upholding 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 that 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 5 years immediately preceding the date of the proposed appointment, has been convicted:

- a) in the UK of any offence, or
- b) outside the UK of an offence which, if committed in any part of the UK, 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 3 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 5 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 3 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 healthcare professional, meaning 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, or other professional person who has at any time been subject to an investigation or proceedings, by any body that 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 that 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 that had the effect of imposing conditions on the person's practise 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 to 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 for Health and Social Care.

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 a maximum of three years and the total number of terms a chair may serve is three terms.

3.4 Deputy chair and senior non-executive member

3.4.1 The deputy chair is to be appointed from amongst the non-executive members by the board subject to the approval of the chair.

3.4.2 No individual shall hold the position of chair of the audit committee and deputy chair at the same time.

3.4.3 The senior non-executive member is to be appointed from among the non-executive members by the board subject to the approval of the chair.

3.5 Chief executive

3.5.1 The chief executive will be appointed by the chair of the ICB in accordance with any guidance issued by NHS England.

3.5.2 The appointment will be subject to approval of NHS England in accordance with any procedure published by NHS England.

3.5.3 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.

3.5.4 Individuals will not be eligible if:

- a) any of the disqualification criteria set out in 3.2 apply
- b) subject to clause 3.5.3(a), they hold any other employment or executive role other than chief executive of another Integrated Care Board.

3.6 Partner member(s) – NHS trusts and foundation trusts

3.6.1 This partner member is jointly nominated by the NHS trusts and/or foundation trusts that 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 NHS Trust.

3.6.2 This member 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 foundation trusts within the ICB's area
- b) shall have specific knowledge, skills and experience of the provision of acute services.

3.6.3 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.

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

3.6.5 The appointment process will be as follows:

a) Joint nomination:

- when a vacancy arises, each eligible organisation listed at 3.6.1.a will be invited to make one nomination.
- eligible organisations may nominate individuals from their own organisation or another organisation
- all eligible organisations will be requested to confirm whether they jointly agree to nominate the whole list of nominated individuals, with a failure to confirm within 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 3.6.2 and 3.6.3
- if 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 3.6.5 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.

3.6.6 The term of office for these partner members will be three years and the total number of terms they may serve is three terms.

3.7 Partner member(s) – providers of primary medical services

- 3.7.1 This partner member is jointly nominated by providers of primary medical services for the purposes of the health service within the ICB's area, and that are primary medical services contract holders responsible for the provision of essential services, within core hours to a list of registered persons for whom the ICB has core responsibility.
- 3.7.2 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.
- 3.7.3 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.
- 3.7.4 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
- 3.7.5 This member will be appointed by the Chief Executive subject to the approval of the chair.
- 3.7.6 The appointment process will be as follows:
- a) Joint Nomination:
 - when a vacancy arises, each eligible organisation described at 3.7.1 and listed in the Governance Handbook will be invited to make one nomination
 - eligible organisations may nominate individuals from their own organisation or another organisation
 - all eligible organisations will be requested to confirm whether they jointly agree to nominate the whole list of nominated individuals, with a failure to confirm within 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 3.7.3 and 3.7.4
 - if 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 3.7.6 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.

3.7.7 The term of office for this partner member will be two years and the total number of terms they may service is two terms.

3.8 Partner member(s) – local authorities

3.8.1 This partner member is 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

3.8.2 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 3.8.1
- b) will bring experience of Adult Social care, Children's Social Care and Public Health.

3.8.3 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

3.8.4 This member will be appointed by the Chief Executive subject to the approval of the chair.

3.8.5 The appointment process will be as follows:

- a) Joint nomination:
 - when a vacancy arises, each eligible organisation listed at 3.8.1.a will be invited to make one nomination
 - eligible organisations may nominate individuals from their own organisation or another organisation
 - all eligible organisations will be requested to confirm whether they jointly agree to nominate the whole list of nominated individuals, with a failure to confirm within 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 3.8.2 and 3.8.3
 - if 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 3.8.5 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.

3.8.6 The term of office for this partner member will be three years and the total number of terms they may service is three terms.

3.9 Chief Medical Officer

3.9.1 This member will fulfil the eligibility criteria set out at 3.1 and 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.

3.9.2 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 Chief Executive subject to the approval of the chair.

3.10 Chief Nursing Officer

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

3.10.2 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 Chief Executive subject to the approval of the chair.

3.11 Chief Finance Officer

3.11.1 This member will fulfil the eligibility criteria set out at 3.1 and 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 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.

3.11.2 Individuals will not be eligible if:

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

3.11.3 This member will be appointed by the Chief Executive subject to the approval of the chair.

3.12 Five non-executive members

3.12.1 The ICB will appoint five non-executive members.

3.12.2 These members will be appointed by the Chief Executive Officer subject to the approval of the chair.

3.12.3 These members will fulfil the eligibility criteria set out at 3.1 and 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) the second member 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 outcomes;
- f) the fourth member should have knowledge, skills and experience in financial oversight and contracting;

- g) the fifth member should have knowledge, skills and experience in commissioning, reducing health inequalities and promoting social justice.

3.12.4 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.

3.12.5 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.

3.12.6 Initial appointments may be for a shorter period 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, to provide continuity.

3.12.7 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.

3.13 Other board members

3.13.1 Chief Strategy Officer

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

3.13.1.2 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.

3.13.1.3 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.

3.13.2 Chief Delivery Officer

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

3.13.2.2 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 Operating Officer role description and person specification.

3.13.2.3 Individuals will not be eligible if:

- a) Any of the disqualifications 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.

3.14 Board members: removal from office

3.14.1 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.

3.14.2 With the exception of the chair, board members shall be removed from office if any of the following occur:

- 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 80% 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.

- 3.14.3 Members may be suspended pending the outcome of an investigation into whether any of the matters in 3.14.2 apply.
- 3.14.4 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.
- 3.14.5 The chair of the ICB may be removed by NHS England, subject to the approval of the Secretary of State for Health and Social Care.
- 3.14.6 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

3.15 Terms of appointment of board members

- 3.15.1 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 Chair and the Chief Executive.
- 3.15.2 Other terms of appointment will be determined by the remuneration committee.
- 3.15.3 Terms of appointment of the chair will be determined by NHS England.

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 Seven Principles of Public Life (the Nolan Principles) 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 while 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
 - 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) to 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 (SoRD)

- 4.4.1 The ICB has agreed an 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 of its functions, including those that it has delegated. All those with delegated authority are accountable to the board for the exercise of their delegated functions.

4.5 Functions and decision map

- 4.5.1 The ICB has prepared a functions and decision map that 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 the terms of reference. All committees and sub-committees that fulfil delegated functions of the ICB, will be required to comply with the reporting and assurance arrangements set out in their terms of reference.
- 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 appointed/approved by the chair. The chair will not approve an individual to such a committee or sub-committee if they consider that the appointment could reasonably be regarded as undermining the independence of the health service because of the candidate's involvement with the private healthcare sector or otherwise
- 4.6.7 All members of committees and sub-committees are required to act in accordance with this constitution, including the standing orders as well as the standing financial instructions and any other relevant ICB policy.
- 4.6.8 The following committees will be maintained:
- a) Audit committee: This committee is accountable to the board and provides an independent and objective view of the ICB's compliance with its statutory responsibilities. The committee is responsible for arranging appropriate internal and external audit.

The audit committee will be chaired by a non-executive member (other than the chair and deputy 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 several 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 SoRD 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 that 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 in 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
 - 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 the terms of reference that 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

- 5.2.1 The ICB has agreed a set of standing financial instructions (SFIs), which include the delegated limits of financial authority set out in the SoRD.
- 5.2.2 A copy of the SFIs is published on the ICB website.

6. Arrangements for conflict of interest management and standards of business conduct

6.1 Conflicts of interest

- 6.1.1 As required by section 14Z30 of the 2006 Act, the ICB has made arrangements to manage any actual and potential conflicts of interest to ensure that decisions made by the ICB will be taken and seen to be taken without being unduly influenced by external or private interest and do not (and do not risk appearing to) affect the integrity of the ICB's decision-making processes.
- 6.1.2 The ICB has agreed policies and procedures for the identification and management of conflicts of interest which are published on the 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 that 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 and the Conflicts of Interest and Standards of Business Conduct Policy.
- 6.1.6 The ICB has appointed the audit chair to be the conflicts of interest guardian. In collaboration with the ICB's governance lead, their role is to:
- a) act as a conduit for members of the public and members of the partnership who have any concerns with regards to conflicts of interest
 - b) be a safe point of contact for employees or workers to raise any concerns in relation to conflicts of interest
 - c) support the rigorous application of conflict of interest principles and policies
 - d) provide independent advice and 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 6 months. In addition, the ICB will retain a record of historical interests and offers/receipt of gifts and hospitality for a minimum of 6 years after the date on which it expired. The ICB's published register of interests states that historical interests are retained by the ICB for the specified timeframe and details who 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 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's 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 several 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 that include all board members, will be held in public except where a resolution is agreed to exclude the public on the grounds that it is believed not to 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
- Other key documents and policies.

- 7.3.8 The ICB will publish, with its 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 5 years (the 'Joint Forward Plan'). The plan will:
- a) describe the health services for which the ICB proposes to make arrangements in the exercise of its functions
 - b) 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)
 - c) set out any steps that the ICB proposes to take to implement the Leicester, Leicestershire and Rutland joint local health and wellbeing strategy(ies)
 - d) set out any steps that the ICB proposes to take to address the particular needs of children and young persons under the age of 25
 - e) set out any steps that the ICB proposes to take to address the particular needs of victims of abuse (including domestic abuse and sexual abuse, whether of children or adults).

7.4 Scrutiny and decision-making

- 7.4.1 At least 3 non-executive members will be appointed to the board, including the chair; and all the board and committee members will comply with the Seven Principles of Public Life (the Nolan Principles) 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 any associated procurement rules.
- 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 that 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) Chief Executive
 - b) Senior HR advisor
- 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 duties of the Committee are set out in the terms of reference agreed by the board are published in the Governance Handbook.
- 8.1.6 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 that 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 ICB
 - 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 or equivalent.
- 9.1.3 The ICB has adopted the 10 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 (VCSE) as key partners
 - f) provide clear and accessible public information about vision, plans and progress to build understanding and trust
 - g) use community development approaches that empower people and communities, making connections to social action

- h) use co-production, insight and engagement to achieve accountable health and care services
- i) co-produce and redesign services and tackle system priorities in partnership with people and communities
- j) learn from what works and build on the assets of all partners in the ICS – networks, relationships, activity in local places.

9.1.4 In addition, the ICB has agreed the following:

- a) To build on the engagement capability and capacity in our workforce and empower our 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 or equivalent.

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.
Health Service Body	Health Service Body as defined by (a) section 9(4) of the NHS Act 2006 or (b) NHS foundation trusts.
Area	The geographical area that the ICB has responsibility for, as defined in clause 1.3 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.
Forward Plan Condition	The 'Forward Plan Condition' as described in the Integrated Care Boards (Nomination of Ordinary Members) Regulations 2022 and any associated statutory guidance.
Level of Services Provided Condition	The 'Level of Services Provided Condition' as described in the Integrated Care Boards (Nomination of Ordinary Members) Regulations 2022 and any associated statutory guidance.
Integrated care partnership (ICP)	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	<p>Place-based partnerships are collaborative arrangements responsible for arranging and delivering health and care services in a locality or community.</p> <p>They involve the ICB, local government, and providers of health and care services, including the VCSE sector, people and communities, as well as primary care provider leadership, represented by primary care network clinical directors or other relevant primary care leaders.</p>
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	<p>Some of the ordinary members will also be partner members. Partner members bring knowledge and a perspective from their sectors and are appointed in accordance with the procedures set out in section 3 having been nominated by the following:</p> <ul style="list-style-type: none"> • NHS trusts and foundation trusts that 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 that are responsible for providing social care and whose areas coincide with or include the whole or any part of the ICB's area.
Health Care Professional	<p>An individual who is a member of a profession regulated by a body mentioned in <u>section 25(3)</u> of the <u>National Health Service Reform and Health Care Professions Act 2002</u>.</p>

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 the ICB's Corporate Governance lead, 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 7 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 2 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 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 3 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 that 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 shall preside over meetings in the chair's stead.
- 4.2.3 If both the chair and deputy chair are absent or disqualified from participating by a conflict of interest the assembled members would be required to appoint a temporary deputy for the purpose of chairing the meeting.

4.2.4 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 7 calendar days before the meeting takes place. The agenda and supporting papers will be circulated to all members of the board at least 5 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 directors and the partner members of the board may nominate a deputy to attend a meeting of the board that they are unable to attend. The deputy may speak and vote on their behalf.

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

4.6 Virtual attendance at meetings

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

4.7 Quorum

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

- a) either the Chair or Deputy Chair; and
- b) the Chief Executive or nominated deputy; and
- c) the Chief Finance Officer or nominated deputy; and
- d) either the Chief Medical Officer or the Chief Nursing Officer; and

- e) Chief Strategy Officer or Chief Delivery Officer; and
- f) at least one non-executive independent member, and
- g) at least two partner members (or their nominated deputies)..

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.
- c) A nominated deputy permitted in accordance with standing order 4.5 will count towards quorum for meetings of the board.

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

4.8 Vacancies and defects in appointments

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

4.8.2 In the event of vacancy or defect in appointment the following temporary arrangement for quorum will apply:

- The Chief Executive will nominate a deputy to the Board. The nominated individual must meet the eligibility criteria set out in 3.1 and fulfil the requirements of the role for which they are deputising. The nominated individual must be approved by the Chair.

4.9 Decision-making

4.9.1 The ICB has agreed to use a collective model of decision-making that seeks to find consensus between system partners and make decisions based on unanimity as the norm, including working through difficult issues where appropriate.

4.9.2 Generally it is expected that decisions of the ICB will be reached by consensus. Should this not be possible then a vote will be required. The process for voting, which should be considered a last resort, is set out below:

- a) All members of the board who are present at the meeting will be eligible to cast one vote each.
- 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 that are reserved or delegated to the board may for an urgent decision be exercised by the chair (or in the absence of the Chair this will be the Deputy Chair) and chief executive, 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.
- 4.9.7 In the case of committees, sub-committees and joint committees established by the Board, any urgent decision-making powers will be set out in the terms of reference for that committee, sub-committee or joint committee.

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 the public and press

- 4.11.1 In accordance with Public Bodies (Admission to Meetings) Act 1960, all meetings of the board and all meetings of committees that 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 they think fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the governing body'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 the standing orders may be suspended by the chair in discussion with at least 2 other members.
- 5.2 A decision to suspend the 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 the 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 Strategy Officer

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 Strategy Officer

6.3 Arrangements made for the safe keeping and authorisation of the use of the seal will be set out in the ICB Governance Handbook.

Appendix B – Standing Financial Instructions

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

Standing Financial Instructions

Reference number:	LLR ICB CORP/004
Title:	Standing Financial Instructions
Version number:	Version 1, March 2026
Policy Approved by:	NHS LLR ICB Board and NHS NICB Board
Date of Approval:	19 March 2026
Date Issued:	20 March 2026
Review Date:	March 2029
Document Author:	Daljit Bains, Head of Corporate Governance, LLR ICB (in conjunction with colleagues from across LLR ICB and NICB)
Executive Lead:	Toby Sanders, Chief Executive Officer for LLR ICB and NICB

Version Control

Version number	Approval / Amendments made	Date (Month Year)
Version 1	NHS England model documentation adopted for a consistent governance framework across LLR ICB and NICB. Following amendments made: section 7 updated to reflect the current legal framework for procurement, and section 8 includes reference to the Chief Officer responsible for HR and workforce.	March 2026

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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 health for the NHS system (including ICS);
 - budget holders are accountable for obtaining the necessary approvals and oversight of all expenditure incurred on the cost centres they are responsible for;
 - the improvement of financial literacy of budget holders with the appropriate level of expertise and systems training;
 - that the budget holders are supported in proportion to the operational risk; and
 - the implementation of financial and resources plans that support the NHS Long term plan objectives.
- 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 Health Care Services (Provider Selection Regime) Regulations 2023, the Procurement Act 2023 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 the relevant statutory requirements 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 Officer Responsibility

8.1.1 The chief strategy officer (CSO) (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 CSO 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 Chief Finance Officer 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 ICB shall closely manage this supplier through effective contract management.

8.1.5 The CSO 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 C – Functions and Decisions Map



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

Leicester, Leicestershire and Rutland Integrated Care System (ICS): Functions and Decisions Map (v5, March 2026)

A proud partner in the:



**Leicester, Leicestershire
and Rutland**
Health and Wellbeing Partnership

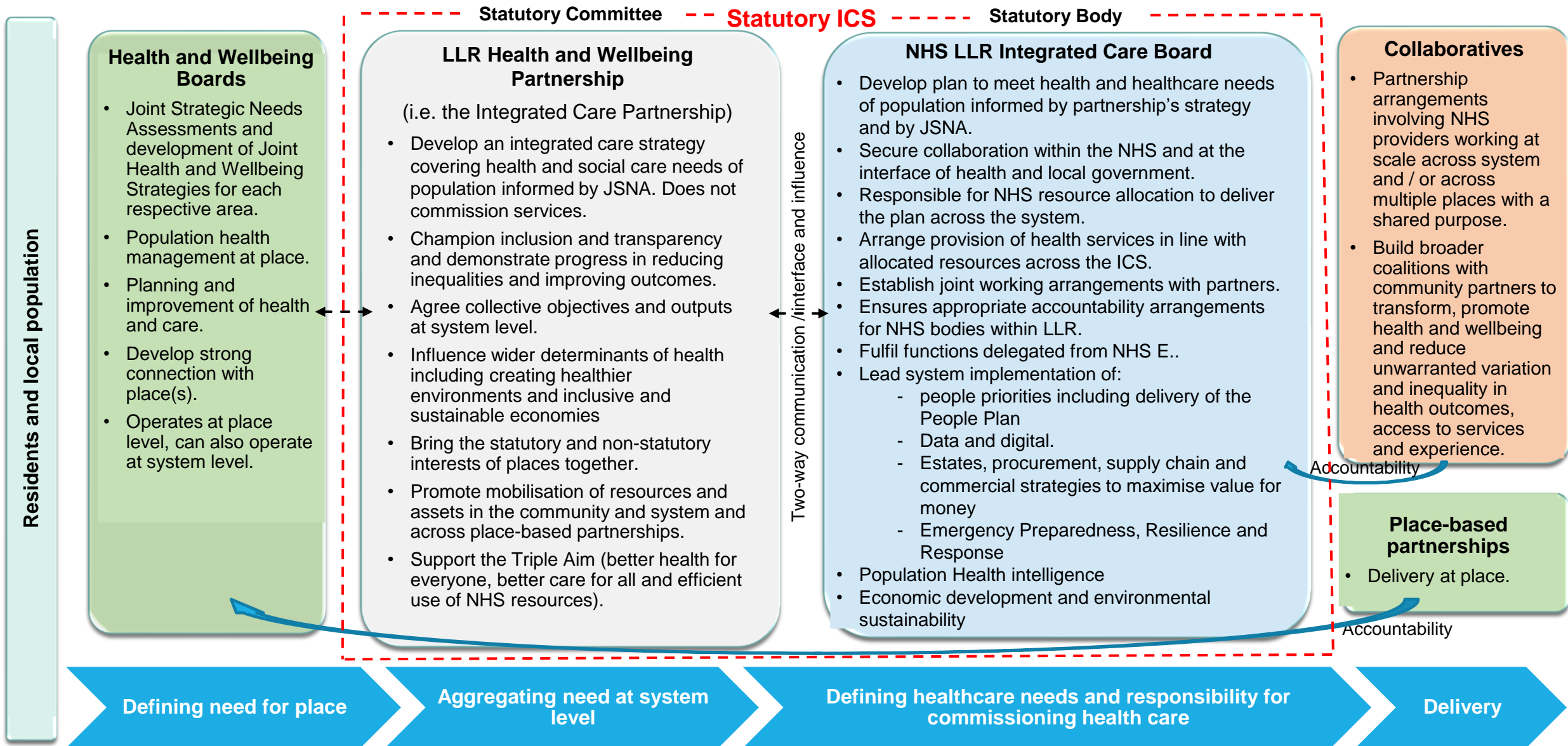


Introduction

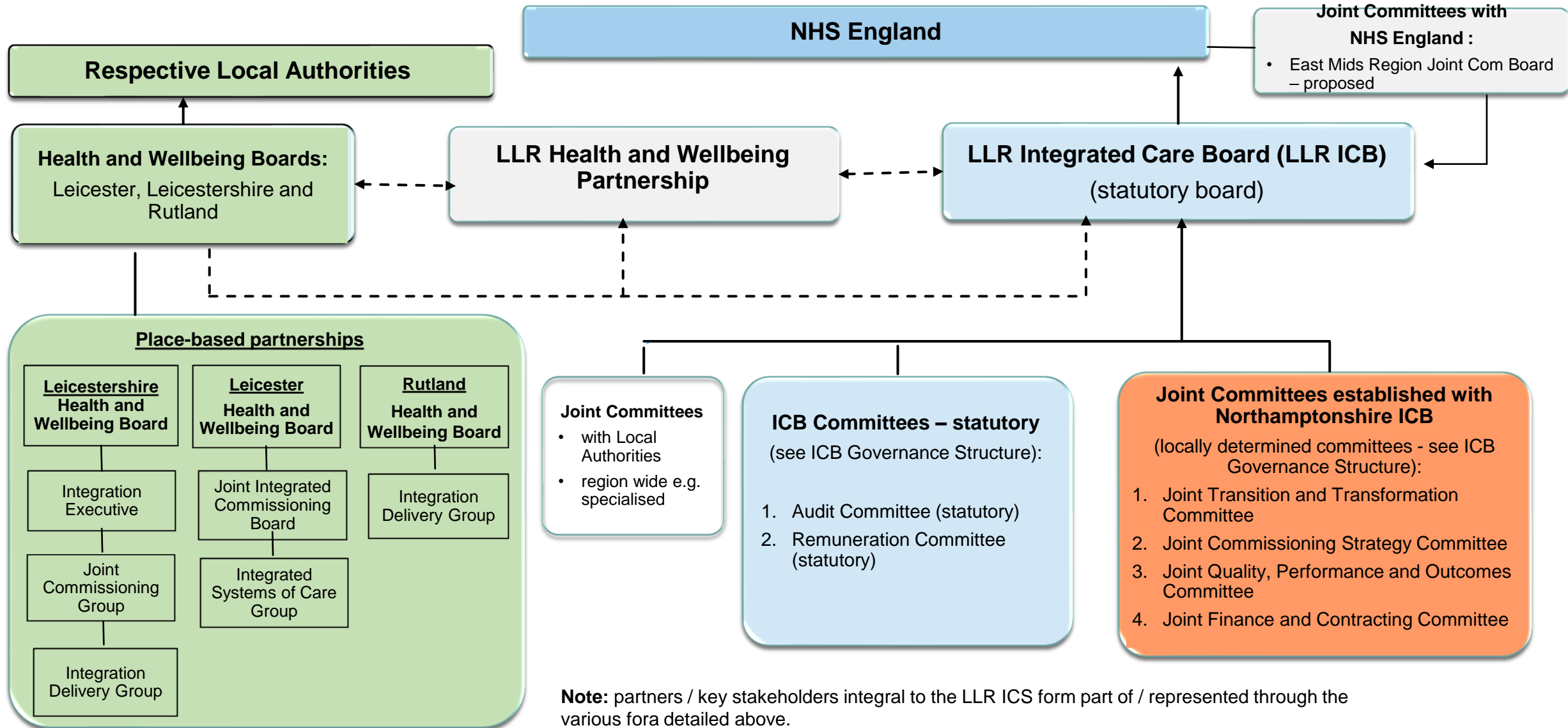
This Functions and Decision Map is a high-level structural chart that sets out where key ICB functions are delegated and where decisions are made across the system.

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 and Standing Orders, Standing Financial Instructions, Scheme of Reservations and Delegations, and the 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)

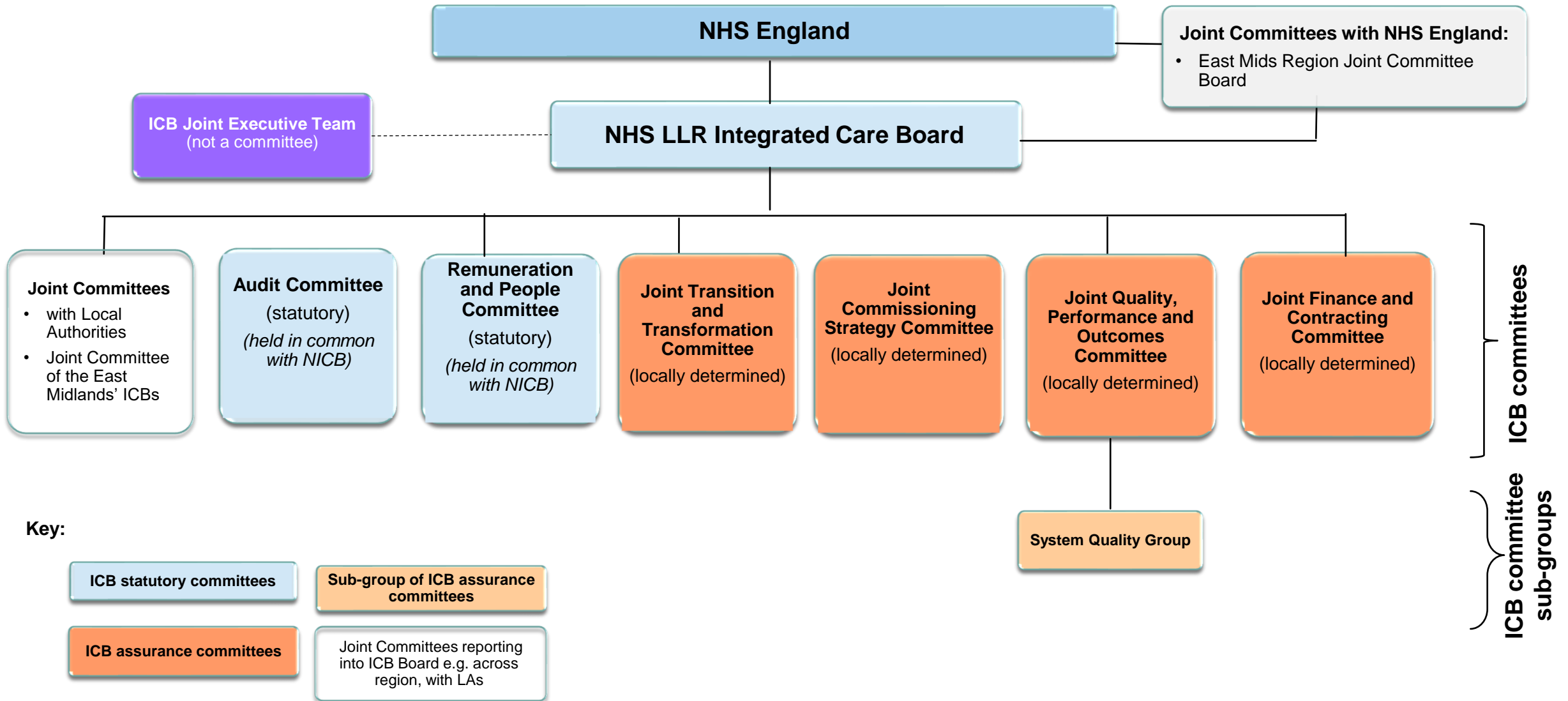


LLR Integrated Care System: interface and accountability



NHS LLR ICB governance structure

(ICB Cluster governance structure with NHS Northamptonshire ICB, 19 March 2026)





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 Board / Committees

Board / Committee	Responsible for...
Integrated Care Board (Board of the statutory Body)	<ul style="list-style-type: none"> • Responsible for developing a plan and allocating resource to meet the health and healthcare needs of the population. • Establishing joint working arrangements with partners that embed collaboration for delivery. • Establishing governance arrangements to support collective accountability for whole-system delivery and performance. • Arranging for the health provision of services including contracting arrangements, transformation, working with local authority and partners to put in place personalised care for people. Leading system implementation of people priorities including delivery of the People Plan and People Promise. • Leading system-wide action on data and digital. • Oversight and approval of the Scheme of Reservation and Delegation. • Discharging duties in line with delegations from NHS England.
Audit Committee (Statutory)	<ul style="list-style-type: none"> • Providing ICB with independent and objective review of adequacy and effectiveness of internal control systems including financial information, risk management, corporate governance and compliance with laws, guidance and regulations governing the NHS.
Remuneration and People Committee (Statutory)	<ul style="list-style-type: none"> • Approving the pay policy, terms of service and remuneration. • Approving remuneration for executive members (except Chief Executive). • Oversight of executive Board Member performance process. • Elements of the nominations and appointments process for Board Members. • Oversight of the ICB's people agenda including oversight of redundancy processes for ICB staff as they arise.

APPENDIX 3: Summary of locally determined Committees

Committee	Responsible for...
Joint Transition and Transformation Committee (locally determined)	<ul style="list-style-type: none"> Overseeing and scrutinising arrangements for the transition and transformation of the ICBs into their future operating model, in line with national guidance. Overseeing the development and implementation of a fair and equitable workforce change process in line with national guidance and local policy requirements. Overseeing the initial development of an organisational development strategy and plan, and the workforce strategy to support the organisation transformation agenda.
Joint Commissioning Strategy Committee (locally determined)	<ul style="list-style-type: none"> Seeking assurance that the ICB is delivering its duties in relation to developing and delivering the commissioning strategy for the ICB. Informing planning and commissioning decisions through assessment of population health management. Reducing health inequality through planning and commissioning of health services. Supporting place/neighbourhood development. Planning of the capital and estates strategy.
Joint Quality, Performance and Outcomes Committee (locally determined)	<ul style="list-style-type: none"> Scrutinising the robustness of, and gain and provide assurance to the ICB, that there is an effective system of quality governance, transformation to improve patient safety and quality outcomes, and internal control that supports it to effectively deliver its strategic objectives and provide sustainable high-quality care.
Joint Finance and Contracting Committee (locally determined)	<ul style="list-style-type: none"> Seeking assurance that the ICB is delivering its statutory duties in relation to financial strategy and planning, financial delivery and procurement and contracting strategy and planning. Scrutiny of the robustness of, and gain and provide assurance to the ICB Board, that there is an effective and sustainable process of financial planning and management; effective control and grip over the delivery of the agreed operational financial plans both in-year and multi-year, ensuring contractual delivery and value for money. Oversight of the delivery of the capital investment / programme plans.

Appendix D – Scheme of Reservation and Delegation

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

Scheme of Reservation and Delegation

**(including Matters and Decisions Delegated to
Individuals)**

Reference number:	LLR ICB CORP/002
Title:	Scheme of Reservation and Delegation
Version number:	Version 1, March 2026
Policy Approved by:	LLR ICB Board and NICB Board
Date of Approval:	19 March 2026
Date Issued:	20 March 2026
Review Date:	March 2029
Document Author:	Daljit Bains, Head of Corporate Governance, LLR ICB (in conjunction with colleagues from across LLR ICB and NICB)
Executive Lead:	Toby Sanders, Chief Executive Officer for LLR ICB and NICB

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SECTION 1 - Introduction

1.1 General

- 1.1.1 The NHS Act 2006, as amended by the Health and Social Care Act 2012 and the Health and Care Act 2022 (“the 2006 Act”) sets out the statutory framework in which the NHS Leicester, Leicestershire and Rutland and NHS Northamptonshire Integrated Care Boards (“the ICBs”) operate. The ICBs’ statutory powers, functions and duties are conferred, in the main, by the 2006 Act; however, additional responsibilities for other functions may be conferred through delegation to the ICB from other bodies (such as NHS England or other ICBs).
- 1.1.2 The respective ICB Boards can delegate functions and decisions to a committee or sub-committee of the Boards. The committees and sub-committees established for this purpose are:
- (a) Audit Committees in common
 - (b) Remuneration and People Committees in common
 - (c) Joint Commissioning Strategy Committee
 - (d) Joint Finance and Contracting Committee
 - (e) Joint Quality, Performance and Outcomes Committee
 - (f) Joint Transition and Transformation Committee
- 1.1.3 The Boards can also delegate functions and decisions to an individual member of the Board or an employee.
- 1.1.4 ICBs can agree with certain other statutory organisations (such as NHS trusts/foundation trusts and local authorities) that they will exercise their functions on behalf of the ICB or jointly with the ICB. This power is governed by secondary legislation and by NHS England statutory guidance.
- 1.1.5 The default arrangement is that functions will be exercised by the ICB unless they are explicitly delegated.
- 1.1.6 The ICBs, regardless of any delegation arrangements they have made, remain legally accountable for the exercise of their respective functions.
- 1.1.7 This Scheme of Reservation and Delegation sets out for NHS Leicester, Leicestershire and Rutland and NHS Northamptonshire ICBs which functions, duties and powers (including those delegated to the ICBs by other bodies) are:
- a) Reserved to the Boards, so that only the Boards may make these decisions.
 - b) Delegated to committees and sub-committees that have been established by the Boards.
 - c) Delegated to individuals (Board members or ICB employees).
 - d) Delegated to other statutory bodies using the ICBs’ legal powers (under sections 65Z5, 65Z6 and 75 of the 2006 Act) to delegate functions to one or more other organisations or to a joint committee with one or more other organisations.
- 1.1.8 Should any difficulties arise regarding the interpretation or application of any of the Scheme of Reservation and Delegation then the advice of the ICBs’ lead for governance must be sought before acting. The users of this Scheme of Reservation and Delegation should also be familiar with and comply with the provisions of the ICB’s Constitution, Standing Orders, Standing Financial Instructions and corporate policies and procedures.

1.2 Non-compliance with Scheme of Reservation and Delegation

- 1.2.1 All members of the respective ICB Boards, its committees and sub-committees, and the ICBs’ employees and other workers are required to comply with this Scheme of Reservation and Delegation.

- 1.2.2 Failure to comply with this Scheme of Reservation and Delegation may be regarded as a disciplinary matter that could result in dismissal.
- 1.2.3 If for any reason this Scheme of Reservation and Delegation is 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 Audit Committee. All individuals as defined at 1.2.1 have a duty to disclose any non-compliance with this Scheme of Reservation and Delegation to the Chief Executive as soon as possible. If the Chief Executive is responsible for the non-compliance, then this should instead be reported to the ICBs' lead for governance.

1.3 Review and amendment of Scheme of Reservation and Delegation

- 1.3.1 To ensure that this Scheme of Reservation and Delegation remain up-to-date and relevant, the ICBs' lead for governance will ensure that it reflects any variations made to the respective ICB's Constitution, Standing Orders and Standing Financial Instructions, and any delegations made by the Boards, on an ongoing basis and at least annually to ensure it continues to support effective decision-making.
- 1.3.2 The Boards will approve all amendments to the Scheme of Reservation and Delegation.

SECTION 2 - Matters Reserved to the LLR ICB and NICB Boards and Decisions Delegated to the Committees and Sub-Committees

Ref	Reserved / delegated matter	Reserved to the Boards of the ICBs	Delegated to							Governance document reference (category of function)	
			Audit Committees in common	Remuneration and People Committees in common	Joint Commissioning Strategy Committee	Joint Finance and Contracting Committee	Joint Quality, Performance and Outcomes Committee	Joint Transition and Transformation Committee	East Midlands ICBs' Joint Committee		Joint Executive Team (JET) Meeting
2.1	Determine the arrangements by which the Board approves decisions that are reserved for the Board.	✓									
2.2	<p>Approve the arrangements for discharging the ICB's functions and duties including but not limited to:</p> <ul style="list-style-type: none"> • 14Z32 Duty to promote NHS Constitution • 14Z33 Duty as to effectiveness, efficiency etc • 14Z34 Duty as to improvement in quality of service • Equality, including the public sector duty (under the Equality Act 2010) and the duty as to reducing inequalities (section 14Z35) • 14Z36 Duty to promote involvement of each patient • 14Z37 Duty as to patient choice • 14Z38 Duty to obtain appropriate advice • 14Z39 Duty to promote innovation • 14Z40 Duty in respect of research • 14Z41 Duty to promote education and training • 14Z42 Duty to promote integration • 14Z43 Duty to have regard to wider effect of decisions • 14Z44 Duties as to climate change etc • 14Z45 Public involvement and consultation by integrated care boards • 14Z49 Duty to keep experience of members under review etc • Sections 223GB to 223N (financial duties) • Duty to have regard to assessment and strategies • Duties in relation children including safeguarding, promoting welfare, etc (including the Children Acts 1989 and 2004, and the Children and Families Act 2014) • Adult safeguarding and carers (the Care Act 2014) • 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). • Provisions of the Civil Contingencies Act 2004. 	✓								<p>Constitution 1.4</p> <p>(Ancillary Functions / Corporate)</p>	

Ref	Reserved / delegated matter	Reserved to the Boards of the ICBs	Delegated to								Governance document reference (category of function)	
			Audit Committees in common	Remuneration and People Committees in common	Joint Commissioning Strategy Committee	Joint Finance and Contracting Committee	Joint Quality, Performance and Outcomes Committee	Joint Transformation and Transformation Committee	East Midlands ICBs' Joint Committee	Joint Executive Team (JET) Meeting		
2.3	Set the vision and values for the ICBs.	✓										--
2.4	Constitution and corporate governance framework											
2.4.1	Propose amendments to ICBs' Constitution and Standing Orders, including the Governance Handbook.										✓	Constitution 1.6 (Corporate)
2.4.2	Approve amendments to the ICBs' Constitution and Standing Orders (including amendments to the Governance Handbook) prior to application made to NHS England.	✓										--
2.4.3	Approve applications to NHS England to vary the Boards' Constitution and Standing orders.	✓										Constitution 1.6 (Corporate)
2.4.4	Approve the Standards of Business Conduct Policy / Conflicts of Interest, which incorporates the policy and procedures for the identification and management of conflicts of interest.		✓									Constitution 4.1.2, 6.1.2 and 6.4.2 SFI 7.1.6
2.4.5	Approve the Scheme of Reservation and Delegation	✓										Constitution 4.4
2.4.6	Approve the Standing Orders.	✓										Constitution 5.1
2.4.7	Approve the Standing Financial Instructions	✓										Constitution 5.2
2.4.8	Appoint Committees of the Boards and approve their terms of reference and membership.	✓										Constitution 4.6.1 (Corporate)
2.4.9	Appoint Sub-committees of the Boards and approve their terms of reference and membership.	✓										Constitution 4.6.1 (Corporate)
2.4.10	Establish a joint committee called Integrated Care Partnership with the local authority(ies) that fall wholly or partly fall within the ICB's area.	✓										(Corporate)

Ref	Reserved / delegated matter	Reserved to the Boards of the ICBs	Delegated to							Governance document reference (category of function)	
			Audit Committees in common	Remuneration and People Committees in common	Joint Commissioning Strategy Committee	Joint Finance and Contracting Committee	Joint Quality, Performance and Outcomes Committee	Joint Transformation and Transformation Committee	East Midlands ICBs' Joint Committee		Joint Executive Team (JET) Meeting
2.4.11	Undertake duties and responsibilities of an Auditor Panel and to advise the Board on the selection, appointment process and make a recommendation for the appointment of the External Auditor. <i>(Chief Finance Officer will commission and procure the external audit services).</i>		✓								SFI 9.3
2.4.12	Appoint the external auditor.	✓									SFI 9.3
2.4.13	Approve the Risk Management Strategy and Policy.		✓								
2.4.14	Oversee the initial development of the organisational development strategy, workforce strategy and operating model through organisational transitional phase.							✓			
2.4.15	Oversee the arrangements for transition and transformational organisational change including change in organisational form (e.g. merger).							✓			
2.4.16	Approve the Organisational Development Strategy.			✓							
2.4.17	Approve the Organisational Workforce Strategy.			✓							
2.4.18	Approve the Policy for Public Involvement and Engagement.								✓		Constitution 9.1.5(c) (Corporate)
2.4.19	Approve the Research Strategy / Policy.								✓		
2.4.20	Approve the Freedom to Speak Up Policy.			✓							
2.4.21	Approve the Fit and Proper Person Test Policy			✓							
2.4.22	Approve the Procurement, Provider Selection and Contracting Policy(ies), strategy and framework.								✓		SFI 7.1.4
2.4.23	Approve model contracting, collaboration and associated delegation agreements in line with procurement and contracting strategy.					✓					

Ref	Reserved / delegated matter	Reserved to the Boards of the ICBs	Delegated to							Governance document reference (category of function)	
			Audit Committees in common	Remuneration and People Committees in common	Joint Commissioning Strategy Committee	Joint Finance and Contracting Committee	Joint Quality, Performance and Outcomes Committee	Joint Transformation and Transformation Committee	East Midlands ICBs' Joint Committee		Joint Executive Team (JET) Meeting
2.4.24	Approve the Emergency Preparedness, Resilience and Response (EPRR) Policy.	✓									
2.4.25	Approve the ICBs' arrangements for business continuity and associated policy and plan.								✓		
2.4.26	Approve the arrangements for the provision of internal audit services. <i>(Chief Finance Officer to propose the arrangements and commission the procurement of internal audit services)</i>		✓								SFI 9.2
2.4.27	Approve the arrangements for the provision of counter fraud, bribery and corruption services. <i>(Chief Finance Officer to propose the arrangements and commission the procurement)</i>		✓								SFI 11
2.4.28	Approve the Annual Report and Accounts.	✓									Constitution 7.5 SFI 9 (Corporate)
2.4.29	Approve the Accountable Officer Statement and Annual Governance Statement.	✓									
2.4.30	Approve for the Letter of Representation to be signed.	✓									
2.4.31	Approve the accounting policies.		✓								SFI 3.3.1
2.4.32	Approve the Fraud, Bribery and Corruption Policy.		✓								SFI 11
2.4.33	Approve the ICBs' commissioning policies, including (but not limited to): <ul style="list-style-type: none"> • After Care (Section 117) Policy • Children and Young People Continuing Care Commissioning Policy • Continuing Healthcare and Joint Packages of Care (adults) • Individual Funding Requests Policy • Personal Health Budgets • Safeguarding policies, including (but not limited to): Mental Capacity Act 2005 Policy, Safeguarding Adults and Children's Policy. • Policies relating to tertiary fertility (IVF/CSI), secondary fertility (IUI/DI), surrogacy and gamete cryopreservation. 								✓		

Ref	Reserved / delegated matter	Reserved to the Boards of the ICBs	Delegated to							Governance document reference (category of function)	
			Audit Committees in common	Remuneration and People Committees in common	Joint Commissioning Strategy Committee	Joint Finance and Contracting Committee	Joint Quality, Performance and Outcomes Committee	Joint Transformation and Transformation Committee	East Midlands ICBs' Joint Committee		Joint Executive Team (JET) Meeting
2.4.34	Approve the ICBs' clinical and patient safety policies that apply to the ICBs.									✓	
2.4.35	Approve the ICB's Corporate Policies, including (but not limited to): <ul style="list-style-type: none"> • Policy for the Development and Management of Policy Documents • Corporate governance policies (approve where appropriate and others review ahead of Board approval) • Information Governance and Information Security Policies and associated Policies e.g. Freedom of Information Act Policy and Environmental Information Regulations (EIR) Policy, Data Quality Policy etc. • Policies associated with health and safety, fire and security. • Corporate Incident Reporting and Management Policy. • Complaints Management Policy • Claims Management Policy • Losses and Special Payments Policy • ICB's workforce / human resources policies. • Equality, Diversity and Inclusion (EDI) Policy • Statutory and Mandatory Training Policy 									✓	
2.5	Board Membership										
2.5.1	Endorse the appointment and re-appointments of all Ordinary Members of the Board.	✓									Constitution 2.1.5
2.5.2	Seek assurance in respect of the arrangements for nominations and selection process for partner members on the Board (note that the appointments process is set out in the ICB Constitution).			✓							
2.5.3	Approve arrangements for identifying the ICBs' proposed accountable officer (subject to any regulatory / national requirements).			✓							
2.5.4	Review the skills, knowledge and experience of the members of the respective Boards to ensure that the Boards can effectively carry out their functions.	✓									Constitution 2.2.5

Ref	Reserved / delegated matter	Reserved to the Boards of the ICBs	Delegated to								Governance document reference (category of function)
			Audit Committees in common	Remuneration and People Committees in common	Joint Commissioning Strategy Committee	Joint Finance and Contracting Committee	Joint Quality, Performance and Outcomes Committee	Joint Transition and Transformation Committee	East Midlands ICBs' Joint Committee	Joint Executive Team (JET) Meeting	
2.5.5	Appoint a Non-Executive Member for Audit as the Conflicts of Interest Guardian.	✓									Constitution 6.1.6
2.6	Corporate administration and assurance										
2.6.1	Set out who can execute a document by signature / use of the seal.	✓									(Corporate)
2.6.2	Approve at least annually the Register of Interests (including gifts and hospitality).		✓								Constitution 6.3.6 (Corporate)
2.6.3	Review of all instances of non-compliance with Standing Orders and where Standings Orders have been suspended.		✓								Standing Orders 3.6 and 5.3
2.6.4	Review of all instances of non-compliance with Standing Financial Instructions.		✓								SFI 1.1.9
2.6.5	Review of all instances of non-compliance with the Scheme of Reservation and Delegation.		✓								
2.6.6	Approve the annual submissions associated with the People Agenda e.g. Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES).			✓							
2.6.7	Seek assurance in respect of the delivery against the annual Operational Plan / strategic objectives / plans taking into consideration financial plan, quality and performance.				✓						
2.6.8	Seek assurance in respect of delivery against the annual Financial Plan.					✓					
2.6.9	Review all instances where competitive tendering requirements have been waived for healthcare and non-healthcare services (Single Tender Waiver / Waiver of Standing Orders).		✓								SFI 7.1.9
2.6.10	Review annually all instances where provider representations have been received in relation to procurement and contract award decisions for healthcare services.		✓								SFI

Ref	Reserved / delegated matter	Reserved to the Boards of the ICBs	Delegated to								Governance document reference (category of function)
			Audit Committees in common	Remuneration and People Committees in common	Joint Commissioning Strategy Committee	Joint Finance and Contracting Committee	Joint Quality, Performance and Outcomes Committee	Joint Transformation and Transformation Committee	East Midlands ICBs' Joint Committee	Joint Executive Team (JET) Meeting	
2.6.11	Approve the Cyber Assurance Framework and Data Security and Protection Toolkit submission.									✓	
2.6.12	Approve ICB headquarters estate and lease arrangements.									✓	
2.6.13	Approval of the expenditure above budget for contracts relating to <u>goods and non-healthcare service provision</u> which will drive ICB into deficit position above allocation / budget.	✓									
2.7	Commissioned Services										
2.7.1	Approve arrangements for ICB functions to be exercised by or jointly with any one or more other body as defined by the 2006 Act (another ICB, an NHS trust, an NHS foundation trust, NHS England, a local authority, combined authority or any other prescribed body) under section 65Z5 of the NHS Act 2006 (as amended).	✓									Constitution 4.3.2, 4.3.3 and 4.7.3
2.7.2	Approve arrangements for the ICB to enter into partnership arrangements with a local authority under section 75 of the 2006 Act (as amended), under which the local authority exercises specified ICB functions or the ICB exercises specified local authority functions.	✓									Constitution 4.3.2, 4.3.3 and 4.7.3
2.7.3	Approval of decisions to be delegated to joint committees established under section 75 of the 2006 Act.	✓									
2.7.4	Approve the Joint Forward Plan / Medium- and Long-term plan setting out how the ICBs will exercise its functions over the next five years (following recommendations from the Joint Commissioning Strategy Committee and the Joint Financial and Contracting Committee in relation to their respective remits).	✓									(Corporate)
2.7.5	Approve variations to the Joint Forward Plan / Medium- and Long-term plan.	✓									
2.7.6	Approve the annual Operational Plan.	✓									
2.7.7	Approve variations to the annual Operational and Financial Plans.	✓									

Ref	Reserved / delegated matter	Reserved to the Boards of the ICBs	Delegated to								Governance document reference (category of function)
			Audit Committees in common	Remuneration and People Committees in common	Joint Commissioning Strategy Committee	Joint Finance and Contracting Committee	Joint Quality, Performance and Outcomes Committee	Joint Transformation and Transformation Committee	East Midlands ICBs' Joint Committee	Joint Executive Team (JET) Meeting	
2.7.9	Approve the arrangements for and oversee public consultation and / or engagement in respect of the annual operational and financial plan, and the Joint Forward Plan / Medium- and Long-term Plan. <i>(in conjunction with partner organisations where appropriate)</i>				✓						(Ancillary functions / Corporate)
2.7.10	Commissioning of primary care services i.e. primary medical care, pharmacy, optometry and primary dental services <i>(in line with healthcare services and / or non-healthcare – see Section 4 below)</i>										(Commissioning / Ancillary functions)
2.7.11	Approve any financial recovery plans.					✓					
2.7.12	Approve the Capital Resource Use Plan and any revision to Capital Resource Plan.	✓									SFI 12 (Corporate)
2.7.13	Seek assurance in respect of delivery of the capital investment / programme plans.					✓					SFI 12 (Corporate)
2.7.14	Approval of capital investments <i>see Section 7 below)</i>										SFI 12 (Corporate)
2.7.15	Scrutinise arrangements to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.						✓				(Ancillary functions)
2.7.16	Approve strategies relating to quality, safeguarding, equality and inclusion for commissioned services.						✓				
2.7.17	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.								✓		
2.7.18	To delegate, to the Office of Pan ICBs, the regional specialised commissioning functions as delegated / transferred by NHS England.	✓									
2.7.19	Approve arrangements and agreements (including variations to agreements) 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.									✓	

Ref	Reserved / delegated matter	Reserved to the Boards of the ICBs	Delegated to								Governance document reference (category of function)
			Audit Committees in common	Remuneration and People Committees in common	Joint Commissioning Strategy Committee	Joint Finance and Contracting Committee	Joint Quality, Performance and Outcomes Committee	Joint Transition and Transformation Committee	East Midlands ICBs' Joint Committee	Joint Executive Team (JET) Meeting	
2.7.20	Approval of the expenditure above the budget for contracts <u>relating to healthcare services</u> provision which will drive the ICB into deficit position above allocation / budget.	✓									
2.7.21	Approval of grant awards to a) NHS Trusts or NHS Foundation Trusts b) a voluntary organisation which provide or arrange for the provision of services which are similar to the services in respect of which the ICB has functions (within the approved Operational and Financial Plan).								✓		(Ancillary functions)
2.8	Remuneration and terms and conditions										
2.8.1	For all staff determine the Pay Policy (including adoption of national pay frameworks such as Agenda for Change).			✓							Constitution 8.1.1 and SFI 8
2.8.2	For all staff 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 (<i>note ICBs do not have delegated authority for special severance payments</i>).			✓							SFI 10.1.3
2.8.3	Approve exit payments, other than special severance payments (in line with national guidance).			✓							SFI 10.1.3
2.8.4	Approve the terms and conditions, remuneration and travelling or other allowances for Board Members, including pensions and gratuities (excluding the Non-Executive Members).			✓							
2.8.5	For the Chief Executive, Directors and Very Senior Managers (VSMs) determine all aspects of remuneration including but not limited to salary, (including any performance-related elements) bonuses, pensions and cars.			✓							
2.8.6	For the Chief Executive, Directors and VSMs determine arrangements for termination of employment and other contractual terms and non-contractual terms.			✓							
2.8.7	Review disciplinary arrangements where the accountable officer is an employee.			✓							
2.8.8	Approve all aspects of remuneration including but not limited to salary (including performance-related elements) for office-holders and individuals not on either VSM or Agenda for Change frameworks (excluding Non-Executive Members).			✓							

Ref	Reserved / delegated matter	Reserved to the Boards of the ICBs	Delegated to								Governance document reference (category of function)
			Audit Committees in common	Remuneration and People Committees in common	Joint Commissioning Strategy Committee	Joint Finance and Contracting Committee	Joint Quality, Performance and Outcomes Committee	Joint Transformation and Transformation Committee	East Midlands ICBs' Joint Committee	Joint Executive Team (JET) Meeting	
2.8.9	Approve arrangements for terminations of appointment or employment and other contractual terms and non-contractual terms for office-holders and individuals not on either VSM or Agenda for Change frameworks (excluding Non-Executive Members).			✓							

SECTION 3 - Matters and decisions delegated to Individuals

Ref	Reserved / delegated matter	Delegated to							Governance document reference (category of function)	
		Chair	Chief Executive	Chief Finance Officer	Chief Medical Officer	Chief Nursing Officer	Chief Strategy Officer	Chief Delivery Officer		Other
3.1 Constitution and Corporate Governance Framework										
3.1.1	Appoint and approve all members of committee and sub-committees that exercise the ICB commissioning functions.	✓								Constitution 4.6.6
3.1.2	Exercise or delegate to officers of the ICB those functions of the ICB which have not been retained as reserved by the ICB Board or delegated to its Committees and sub-committees or delegated to named individuals as set out in this document.		✓							
3.2 Board Membership										
3.2.1	Approve the appointment and re-appointments where relevant of all Ordinary Members of the Board.	✓								Constitution 2.2.4 and 3 (Corporate)
3.2.2	Appoint a Non-Executive Member of the Board as a Deputy Chair and Senior Independent Non-Executive.	✓								Constitution 3.4.1 and 3.4.3 (Corporate)
3.2.3	The Non-Executive Member (NEM) for Audit will be the Conflicts of Interest Guardian.							NEM for Audit		Constitution 6.1.6
3.2.4	The Non-Executive Member (NEM) for Remuneration will be the Board lead for Freedom to Speak Up.							NEM for Remuneration		--
3.2.5	Appoint the Chief Executive Officer (with approval of NHS England).	✓								Constitution 3.5.1, 3.5.2 SFI 3.2.1 (Corporate)
3.2.6	Appoint the most suitable nominee(s) as Partner Members, subject to the approval of the Chair.		✓							Constitution 3.6.4, 3.7.5 and 3.8.4

Ref	Reserved / delegated matter	Delegated to							Governance document reference (category of function)	
		Chair	Chief Executive	Chief Finance Officer	Chief Medical Officer	Chief Nursing Officer	Chief Strategy Officer	Chief Delivery Officer		Other
3.2.7	Approve the most suitable nominee(s) as Partner Member and report the appointed Partner Members to the Boards.	✓								Constitution 3.6.5, 3.7.6 and 3.8.5
3.2.8	Appoint the Executive Officers of the Board subject to the approval of the Chair.		✓							Constitution 3.9.3, 3.10.3, 3.11.3, 3.13.1.1, 3.13.2.1
3.2.9	Appoint the Non-Executive Members of the Board subject to the approval of the Chair.		✓							Constitution 3.12.2
3.2.10	Appoint an executive officer as the Accountable Emergency Officer (AEO).		✓							--
3.3 Corporate administration and assurance										
3.3.1	Appoint an Executive Member of the Board as a Deputy Chief Executive.		✓							--
3.3.2	Responsibility for oversight of one or more Register of interests, Register of Gifts and Hospitality and the Register of Sealings.		✓							(Corporate)
3.3.3	Maintenance of the statutory Registers (i.e. Register of Interests, Register of Gifts and Hospitality, and Register of Sealings).								Senior Corporate Governance lead	(Corporate)
3.3.4	Authority for the execution of a document by seal.		✓	✓			✓			Standing Orders 6
3.3.5	Authority for the execution of a document by signature.		✓	✓			✓			Standing Orders 6
3.3.6	Authority to apply the corporate seal.								Senior Corporate Governance lead	Standing Orders 6
3.3.7	Responsibility to oversee the preparation and audit of the Annual Report (including the Governance Statement) and Annual Accounts (in conjunction with Corporate Governance Team and Finance Team)			✓						Constitution 7.5 SFI 3.2.3. SFI 9

Ref	Reserved / delegated matter	Delegated to							Governance document reference (category of function)
		Chair	Chief Executive	Chief Finance Officer	Chief Medical Officer	Chief Nursing Officer	Chief Strategy Officer	Chief Delivery Officer	
3.3.8	Responsibility for preparing the Scheme of Reservation and Delegation (in conjunction with Corporate Governance Team and Finance Team)		✓						
3.3.9	Lead officer with responsibility to maintain and approve detailed operational financial policies / procedures relating to the control, management and use of resources.			✓					SFI 4.1.1
3.3.10	Responsibility to delegate the budgetary control responsibilities to budget holders through a formal document process.			✓					SFI 4.1.2
3.3.11	Responsibility for ensuring order to cash practices are designed and operated to support, efficient, accurate and timely invoicing and receipting of cash.			✓					SFI 5.1.2
3.3.12	Responsibility for the ICB debt management strategy.			✓					SFI 5.3
3.3.13	Responsibility 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, and has responsibility for managing the ICB's banking arrangements in accordance with national guidance.			✓					SFI 5.2.1, 5.2.2
3.3.14	Responsibility for reporting all losses and special payments (including special severance payments) to the Audit Committee.			✓					SFI 10.1.5
3.3.15	Approve the risk pooling schemes (insurance) administered by the NHS Resolution.			✓					
3.3.16	Approve waiver of formal tendering procedure. (in conjunction with Corporate Governance Team)			✓					
3.3.17	Approve waiver of formal tendering procedure above CFO's delegated authority.		✓						
3.3.18	Maintain the corporate asset register.			✓					
3.3.19	Report waivers of tendering procedure to the Audit Committee. (in conjunction with Corporate Governance Team)			✓					
3.3.20	Maintain the capital asset register.			✓					
3.3.21	Manage the third-party payroll supplier through effective contract management.			✓					SFI 8.1.4
3.3.22	Has delegated responsibility from the Accountable Officer to ensure internal audit services are approved by the Audit Committees.			✓					SFI 9.2

Ref	Reserved / delegated matter	Delegated to							Governance document reference (category of function)	
		Chair	Chief Executive	Chief Finance Officer	Chief Medical Officer	Chief Nursing Officer	Chief Strategy Officer	Chief Delivery Officer		Other
3.3.23	Responsible for ensuring the ICB appoints an external auditor in accordance with the Local Audit and Accountability Act 2014. (appointment of the External Auditor is a matter reserved to the Boards).			✓						SFI 9.3
3.3.24	Responsibility for ensuring appropriate arrangements are in place to provide adequate anti-fraud, bribery and corruption provision.			✓						SFI 11.1.2
3.3.25	Responsibility for preparing a plan setting out planned capital revenue and resource use (in conjunction with NHS Trusts and NHS Foundations trusts).			✓						SFI 12.1.1
3.3.26	Lead officer with responsibility / oversight for the following statutory duties: <ul style="list-style-type: none"> Children and young people (aged 0 to 25) Children and young people with special educational needs and disabilities (SEND) Safeguarding (all-age), including looked after children Learning disability and autism (all-age). Down syndrome (all-age). 					✓				
3.3.27	Lead executive officer appointed as the Senior Information Risk Owner (SIRO).			✓						
3.3.28	Lead executive officer appointed as the Caldicott Guardian.				✓					
3.3.29	Complaints: <ul style="list-style-type: none"> Overall responsibility for ensuring all complaints are dealt with effectively. Responsibility for ensuring complaints relating to the ICBs are investigated thoroughly. 			✓					With support from the Corporate Governance team	
3.3.30	Complaints: Oversight of clinical quality and clinical safety related complaints.					✓			With support from the Corporate Governance team	
3.3.31	Approve proposals for action on litigation against or on behalf of the ICB in line with legal support (e.g. from NHS Resolution, Legal advisers).			✓					With support from the Corporate Governance team	

Ref	Reserved / delegated matter	Delegated to							Governance document reference (category of function)	
		Chair	Chief Executive	Chief Finance Officer	Chief Medical Officer	Chief Nursing Officer	Chief Strategy Officer	Chief Delivery Officer		Other
3.3.32	Authorisation of research projects within delegated budget.				✓					
3.4 Remuneration and terms of service										
3.4.1	Approve the remuneration, allowances and terms of appointment for Non-Executive Members of the Board. <i>(in conjunction with CEO)</i>	✓								
3.4.2	Development and delivery of the long-term people plan / strategy.						✓			SFI 8.1.1

SECTION 4: Delegated financial limits – healthcare services

Healthcare services* resource allocation** for the commissioning / decommissioning or investment / disinvestment:

**i.e. relevant healthcare services for purposes of the health service that fall under the Health Care Services (Provider Selection Regime) Regulation 2023 (including where health services are being procured as part of a mixed contract and including primary care contracts (i.e. for GP, Pharmacy, Optometry and primary care Dental services) that are subject to PSR).*

*** this includes approval of investment utilising funding received from an external body, including NHS England, that is provided for a specific purpose (this does not apply to 'pass through costs' where the ICB is actioning a financial resource allocation).*

Ref	Reserved / delegated matter	Value £		Reserved to / Delegated to:	Governance document reference (category of function)
4.1	<p>Approval of business cases where resource allocation is:</p> <ul style="list-style-type: none"> within approved Operational Plan and within the approved financial provision detailed in the Financial Plan. <p><i>(Plans as approved by the Joint Commissioning Strategy Committee and the Joint Finance and Contracting Committee respectively)</i></p>	<ul style="list-style-type: none"> Up to £10m 	<ul style="list-style-type: none"> Over £10m 	<ul style="list-style-type: none"> CFO (CFO will support the Commissioning for Value Framework and Spend Review Panel for business case approval). Joint Executive Team 	SFI 7
4.2	<p>Approval of procurement and contract award where the value is:</p> <ul style="list-style-type: none"> within approved Operational Plan and within the approved financial provision detailed in the Financial Plan. <p><i>(note: contract values £ quoted relate to contract value over the full term of the contract)</i></p>	<u>Procurement</u> up to £5m	<u>Contract award</u> up to £5m	<ul style="list-style-type: none"> Director of Strategic Market Development 	SFI 7
		£5m – £15m	Over £5m	<ul style="list-style-type: none"> CFO 	
		Over £15m	--	<ul style="list-style-type: none"> Joint Executive Team 	
4.3	<p>Approval of contract variations</p> <ul style="list-style-type: none"> within approved Operational Plan and within the approved financial provision detailed in the Financial Plan. <p><i>(note: contract value £ relates to contract value over the full term of the contract.)</i></p>	<ul style="list-style-type: none"> Up to £0.5m of agreed contract value. 	<ul style="list-style-type: none"> Over £0.5m of agreed contract value 	<ul style="list-style-type: none"> Associate Director of Contracting CFO 	SFI 7

Ref	Reserved / delegated matter	Value £	Reserved to / Delegated to:	Governance document reference (category of function)
4.4	Approval business cases where resource allocation is: a) Outside of the approved budget, however the expenditure does not breach statutory financial duties.	<ul style="list-style-type: none"> All / unlimited 	<ul style="list-style-type: none"> Consideration of business case against commissioning priorities, consideration of financial pressure, and approval (where appropriate) by the Joint Executive Team. 	SFI 7
	b) Outside of the approved budget and the expenditure is likely to breach statutory financial duties or gives rise to a risk to delivery of a future year's financial plan.	<ul style="list-style-type: none"> All / unlimited – initial consideration of commissioning priorities And <ul style="list-style-type: none"> All – initial consideration of financial pressure And <ul style="list-style-type: none"> Approval of all / unlimited 	<ul style="list-style-type: none"> Business case to be considered by the Joint Commissioning Strategy Committee And <ul style="list-style-type: none"> Business case to be considered by the Joint Finance and Contracting Committee. And <ul style="list-style-type: none"> Approval of business cases would be a decision reserved to the ICB Board. 	SFI 7
4.5	Permission to consider late tenders.	All	Chief Finance Officer	SFI 7
4.6	Publishing of all relevant transparency notices for healthcare services procurement.	All	ICB Contracts and procurement team.	SFI 7
4.7	Maintain a register of representations on provider selection decisions.	All	ICB Contracts and procurement team.	SFI 7

SECTION 5: Delegated financial limits – specific to primary care contracts
(i.e. relating to primary medical services, pharmacy, optometry or dental primary care contracts):

Ref	Reserved / delegated matter	Value £	Reserved to / Delegated to:	Governance document reference (category of function)
5.1	Signing of primary medical care contracts and contract variations: <ul style="list-style-type: none"> Where the financial impact / contract variation is within allocated budget, or The contract variation is of a non-financial nature (e.g. update to terms or specifications, change to boundaries etc.). 	--	Lead officer for Contracting and Procurement (Band 8a and above)	SFI 7 (Corporate)
5.2	Signing of primary medical care contracts contract variations: <ul style="list-style-type: none"> Where the financial impact / contract variation is above the allocated budget. 		Associate Director of Contracting	SFI 7 (Corporate)
5.3	Pharmacy, Optometry and Dental services via the East Midlands hosting arrangements Authorisation of purchase orders, requisitions and invoices for goods and services within budget delegated to the Pharmacy, Optometry and Dental services via the East Midlands hosting arrangements (as per Collaboration Agreement).	Up to £5,000	Agenda for Change Band 5	
		Up to £10,000	Agenda for Change Band 6	
		Up to £30,000	Agenda for Change Band 7	
		Up to £50,000	Agenda for Change Band 8A	
		Up to £100,000	Agenda for Change Band 8D	
		Over £100,000	ICB Lead Officer (Band 9)	
5.4	Authorisation of purchase orders, requisitions and invoices for goods and services not within delegated budget relating to Pharmacy, Optometry and Dental services:	<ul style="list-style-type: none"> Up to £200,000 Over £200,000 	<ul style="list-style-type: none"> Chief Officer Budget Holder Chief Finance Officer 	
5.5	Authorisation of payments to public partnership schemes under existing contracts <ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Within delegated budget Above delegated budget 	<ul style="list-style-type: none"> Chief Officer Budget Holder Joint Executive Team 	

	<p>unacceptable in planning terms.</p> <ul style="list-style-type: none"> • 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. • May be applied where there is an existing contract (GMS, PMS, APMS) between the ICB and the practice or practices concerned. 			
5.6	<p>Approval of other aspects of the Primary Medical Care Policy and Guidance Manual (for example, but not limited to, approval of GP Practice mergers etc) that are not covered elsewhere in this Scheme of Reservation and Delegation document. <i>(where decision relates to healthcare commissioning, please see Section 4 above)</i></p>	<ul style="list-style-type: none"> • Within delegated budget • Above delegated budget 	<ul style="list-style-type: none"> • Chief Officer Budget Holder • Joint Executive Team 	

SECTION 6: Delegated financial limits – personalised care packages

Ref	Reserved / delegated matter	Value £	Reserved to / Delegated to:	Governance document reference (category of function)
6.1	Approval of procuring personalised care packages e.g. s117 after care, Continuing Healthcare and other personalised care packages such as joint packages of care with the local authority (healthcare services spend / commissioning programme cost invoices for NHS and non-NHS contracts)	<ul style="list-style-type: none"> • Up to £100,000 (per annum) 	<ul style="list-style-type: none"> • Budget holder for personalised care (Bands 8 and above) 	
		<ul style="list-style-type: none"> • Up to £250,000 (per annum) 	<ul style="list-style-type: none"> • Band 9 Budget Holder 	
		<ul style="list-style-type: none"> • Above £250,000 (per annum) 	<ul style="list-style-type: none"> • Chief Officer Budget Holder 	

SECTION 7: Delegated financial limits – capital and estates

Ref	Reserved / delegated matter	Value £	Reserved to / Delegated to:	Governance document reference (category of function)
7.1	<p>Approval of business cases for capital investment where resource allocation is:</p> <ul style="list-style-type: none"> within approved Capital Resource Plan <p><i>(Plan as approved by the ICB Board)</i></p>	<ul style="list-style-type: none"> Up to £5m Over £5m 	<ul style="list-style-type: none"> CFO (CFO will support the Commissioning for Value Framework and Spend Review Panel for business case approval). Joint Executive Team 	SFI 12 (Corporate)
7.2	<p>Approve any variations to a capital business case over the original business case value within the Capital Resource Use Plan.</p>	<ul style="list-style-type: none"> Up to £0.5m Over £0.5m 	<ul style="list-style-type: none"> CFO Joint Executive Team 	SFI 12 (Corporate)
	<p>Approve business cases for capital investment where resource allocation is:</p> <ul style="list-style-type: none"> Outside of the approved Capital Resource Plan. 	<ul style="list-style-type: none"> All / unlimited – initial consideration of commissioning priorities <p>And</p> <ul style="list-style-type: none"> All – initial consideration of financial pressure <p>And</p> <ul style="list-style-type: none"> Approval of all / unlimited 	<ul style="list-style-type: none"> Business case to be considered by the Joint Commissioning Strategy Committee <p>And</p> <ul style="list-style-type: none"> Business case to be considered by the Joint Finance and Contracting Committee. <p>And</p> <p>Approval of business cases would be a decision reserved to the ICB Board.</p>	SFI 12 (Corporate)
7.4	Maintenance of capital asset register.	-	<ul style="list-style-type: none"> CFO (Finance Team) 	SFI 12 (Corporate)
7.5	Approve the estates plans for GP Practices within the respective ICB areas.	Within available budget	Chief Officer budget holder	
7.6	Make decisions in relation to Premises Costs Directions Functions (in line with the Primary Medical Services Delegation Agreement).	Within available budget	Chief Officer budget holder	

SECTION 8: Delegated financial limits – Procurement of goods, non-healthcare services or works (determined by a genuine pre-estimate of total contract value): When conducting a procurement process for its own operational and management needs, the ICB will ensure compliance with its legal obligations (Procurement Act 2023 and the Procurement Regulations 2024) and select the method of procurement, which is most proportionate, most effective and ensures best value for the goods, non-healthcare services or works in question.

Limits for quotes and tenders for goods, non-healthcare services or works (all values over the lifetime / overall term of the contract, if applicable, and inclusive of VAT irrespective of whether this is reclaimable or not):

Ref	Reserved / delegated matter and Value £ <i>(note: contract value £ is over the full term of the contract)</i>	Reserved to / Delegated to:	Governance document reference (category of function)
8.1	<p>(a) up to £30,000 contract value <i>(this is the minimum threshold for transparency notice aligned to the Act)</i></p> <p>(b) over £30,000 and up to the minimum contract value / threshold quoted on the national Procurement Policy Note notification government website before formal tendering is required* - obtain at least 3 written competitive quotations for goods, services or works (a formal tendering process may be considered appropriate at this stage in some instances). <i>(*figure of £207,720 is the current 2026 figure quoted in the national documentation underpinning Regulations and may change from time to time).</i></p> <p>(c) above the minimum contract value / threshold quoted on the national Procurement Policy Note notification government website* <i>(*check current limit at time of procurement, figure of £207,720 is the current 2026 figure quoted in the national documentation underpinning Regulations and may change from time to time)</i></p> <p>(d) Responsibilities in the Tendering Process:</p> <p>i) undertake pre-market engagement prior to publishing an invitation to tender</p> <p>ii) identify appropriate procedure (i.e. open procedure, competitive flexible procedure)</p> <p>iii) issue appropriate notice(s) of tender</p> <p>iv) Receipt, custody of tender documentation, opening of Tenders and evaluation</p>	<p>(a) Delegated Budget Holder responsibility</p> <p>(b) Delegated Budget Holder responsibility</p> <p>(c) Formal tendering process under procurement rules for goods, non-healthcare services or works to be approved by Budget Holder</p> <p>(d)</p> <p>i) Budget holder or designated individual within authorised limits</p> <p>ii) Budget holder or designated individual within authorised limits with appropriate governance support</p> <p>iii) Budget holder or designated individual within authorised limits with appropriate governance support</p> <p>iv) Budget holder via the appropriate online system</p>	SFI 8 (Corporate)

Ref	Reserved / delegated matter and Value £ <i>(note: contract value £ is over the full term of the contract)</i>	Reserved to / Delegated to:	Governance document reference (category of function)
	v) Post tender negotiation (e.g. of contract) vi) authority to award contract and approve contract modification / variation.	and evaluation in conjunction with an appointed evaluation panel v) budget holder vi) in line with delegated authority as identified under the limits of the contract value above a), b) or c) subject to budget.	
8.2	(e) Authority to <u>approve contract award / variation to contract for good, non-healthcare services or works over minimum contract value / threshold</u> quoted on the national Procurement Policy Note notification government website*. <i>*Minimum value aligned to the threshold determined by the national Procurement Policy Notice which governs the procedures for award of public contracts for goods, works and services as set out in the Procurement Act 2023. Figure of £207,720 is the current 2026 figure.</i>	(e) Budget Holder	SFI 12 (Corporate)
8.3	(f) Waiving of quotations/tenders subject to Standing Financial Instructions / Standing Orders for goods, non-healthcare services or works (e.g. where direct award of contract is being considered, extension of an existing contract where there is no provision for extension etc) must meet the requirements set out in the Standing Financial Instructions: <ul style="list-style-type: none"> • Waiver form to be completed by to request waiver of procurement procedures / Standing Financial Instructions • Waiver form to be countersigned. • Waiver form to be authorised. 	<ul style="list-style-type: none"> • Budget holder • Lead for procurement • CFO or Accountable Officer (following which this is reported to the Audit Committee). 	
8.4	(g) Signing of framework agreements, or NHS standards terms and conditions or other standard format defined by Crown Commercial Services as applicable for / for purchase of goods, non-healthcare services or works: <ul style="list-style-type: none"> • Up to national minimum threshold* (*currently £207,720 as noted above) (with exception of legal services) • Above national minimum threshold* • Contracts / agreements for all aspects of legal advice and services. 	<ul style="list-style-type: none"> • Budget holder • Budget holder • Budget holder 	
8.5	(h) Procurement and contract award of professional services: <ul style="list-style-type: none"> i) Legal advice and services 	Budget holder	

SECTION 9: Limits for signing contracts and agreements - healthcare services and goods / non-healthcare

services / works – signing of agreements, NHS Service Level Agreements, NHS Contracts for service provision, including letters of intent, grant agreements, s256 / s75 agreements*** etc where investment / disinvestment has been approved in line with delegated authority.

*** the exception being where documents such as s75 agreements need to be executed by a seal in which case this must be signed by a Chief Officer who is an authorised signatory.

.Ref	Reserved / delegated matter	Contract Value (over the full term of the contract)	Reserved to / Delegated to:	Governance document reference (category of function)
9.1	Health care services - NHS Provider	<ul style="list-style-type: none"> • Up to £5m • Up to £20m • Over £20m 	<ul style="list-style-type: none"> • Budget holder Band 8c and above • Budget holder Band 8d and above • CFO 	
9.2	Healthcare services – NHS Provider, where there are lead commissioner arrangements	<ul style="list-style-type: none"> • All 	<ul style="list-style-type: none"> • CFO 	
9.3	Healthcare services - non-NHS provider, including Local Government bodies and independent sector providers	<ul style="list-style-type: none"> • Up to £5m • Up to £20m • Over £20m 	<ul style="list-style-type: none"> • Budget holder Band 8c and above • Budget holder Band 8d and above • CFO 	
9.4	Goods / Non-healthcare services / works	<ul style="list-style-type: none"> • Up to £2m • Over £2m 	<ul style="list-style-type: none"> • Budget Holder • CFO 	

Note: details relating to budget holder limits for raising requisitions, purchase order approval and invoice approval can be found in the LLR ICB and NICB Operational Scheme of Delegation.

Appendix E – Operational Scheme of Delegation

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

Operational Scheme of Delegations

Reference number:	LLR ICB CORP/005
Title:	Operational Scheme of Delegations
Version number:	Version 1, March 2026
Policy Approved by:	LLR ICB and NICB Chief Executive Officer
Date of Approval:	27 March 2026
Date Issued:	27 March 2026
Review Date:	March 2029
Document Author:	Daljit Bains, Head of Corporate Governance, LLR ICB (in conjunction with colleagues from across LLR ICB and NICB)
Executive Lead:	Toby Sanders, Chief Executive for LLR ICB and NICB

Operational Scheme of Delegations

Introduction

1. The Operational Scheme of Delegation (hereafter “OSoD”) set out below, 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”) and NHS Northamptonshire Integrated Care Board (hereafter referred to as “the NICB”) and collectively referred to as the “Clustered ICBs” or “the ICBs”.
2. The Chief Executive (Accountable Officer) for the ICBs 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.
3. This document should be read in conjunction with the Constitution and Standing Orders, Standing Financial Instructions, the Scheme of Reservation and Delegation, corporate policies and detailed financial policies.
4. This document is aimed at supporting the Accountable Officer, Chief Finance Officer or any other authorised officer, member or person working in the organisations in discharging their responsibilities on a day-to-day basis. Failure to comply with these governance documents, the corporate policies, 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
5. The CFO will delegate the budgetary control responsibilities to budget holder through the detailed financial policies and operational scheme of delegations (Standing Financial Instruction 4.1.3).
6. Should any difficulties arise regarding the interpretation or application of any of the OSoD, then the advice of the Chief Finance Officer must be sought before acting.

Purpose and scope

7. The OSoD sets out those key operational decisions delegated to individual employees of the ICBs.
8. The purpose of this document is to:
 - (a) 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.
 - (b) Ensure that all staff, particularly budget holders and authorised signatories, are aware of their authorities and responsibilities for compliance with the relevant procedures.
 - (c) 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.
9. 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.

10. 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.
11. Delegated matters in respect of decisions will need to be agreed or reported to other groups and relevant Committee. This document 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 ICBs' Accountable Officer who will, before authorising such delegation, consult with other Chief Officers and senior officers as appropriate.

Table: Detailed Financial Policies and Operational Scheme of Delegations

Ref	Reserved / delegated matter	Delegated to	Governance document reference
1. Management of Budgets 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.			
1.1	Assign budget holder responsibilities.	CFO	SFI 4.1.3
1.2	Approval of Budget Holder Manual	CFO (a list of designated Budget Holders / Budget Managers is maintained by the Finance Team)	SFI 4
1.3	Responsibility of maintaining expenditure within approved budgets at individual budget level (Pay and Non Pay).	Authorised Budget Holders	SFI 4.1.3
1.4	For the totality of services covered by the Integrated Care Board (ICB)	The CFO remains accountable for all decisions under this authority.	
1.5	For all other areas e.g. Reserves	CFO or Appropriate Delegated Manager	
1.6	Approval to spend.	Budget holder is permitted to incur costs in accordance with their budgets and authorisation limits.	
1.7	Devise and maintain systems of budgetary control.	CFO	
1.8	Ensure that: a) No overspend or reduction of income that cannot be met from virement is incurred without prior consent of the Chief Finance Officer or Accountable Officer or the Board where delegated limits are exceeded. b) Approved budget is not used for any other purpose subject to rules of virement c) No permanent employees are appointed outside of establishment and available resources.	a) Budget holder b) Budget holder c) Budget holder	
1.9	Approve changes to staffing establishment outside of available resources (<i>unless this will incur a deficit in which case this will require Board approval</i>).	Joint Executive Team	
1.10	Approval of Financial Policies and Procedures (other than those that are reserved to the Board).	CFO	

Ref	Reserved / delegated matter	Delegated to	Governance document reference
1.11	Advice on interpretation and application of the SFIs and detailed financial policies.	CFO	
1.12	Have a duty to disclose any non-compliance with the Standing Financial Instructions and detailed financial policies.	Members of the Boards and employees (including office-holders, contractors etc).	
1.13	Responsibility to ensure financial targets and obligations are met and have overall responsibility for the System of Internal Controls.	Accountable Officer	
1.14	Accountable for the Financial Control but will as far as possible delegate their detailed responsibilities.	CFO	
1.15	Responsible for: a) implementing ICB financial policies and co-ordinating correction action; b) maintaining an effective system of financial control including ensuring detailed financial procedures and systems are prepared and documented. c) ensuring that sufficient records are maintained to explain the ICB' transactions and financial position; d) providing financial advice to members of the Board, staff and ICB' Board' Committee; e) maintaining such accounts, certificates etc as are required to carry out its statutory duties.	CFO	
1.16	Identify and implement cost improvements and income generation activities in line with the plan.	Accountable Officer and Chief Officers	
2. Resources			
2.1	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).	
2.2	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 all Chief Officers	
3. Virements – (virements are movements of budget between cost centres, programmes, projects, and activities).			
3.1	Except for inflationary uplifts, no changes will be made to budgets without the agreement of the budget holder or appropriate Chief Officer budget holder.	Budget holder or appropriate Chief Officer Budget Holder	
3.2	No recurrent budget transfers (virements) may be actioned between the total staff budget (pay) and the non-staff budget (non-pay) within a service without the approval of the appropriate chief officer, and completion of the Vacancy Authorisation Control Forms.	Appropriate Chief Officer	
4. Maintenance / Operation of Bank Accounts			
4.1	Bank Accounts		
	4.1.1 Opening of new (Government Banking Services) Bank Accounts.	Approved by the CFO and reported to the next meeting of the Board.	SFI 5.2

Ref	Reserved / delegated matter	Delegated to	Governance document reference
4.1.2	Approve designate Bank Account signatories	CFO	
4.1.3	Notification of changes to banking arrangements, with the exception of changes in signatories.	Approved by the CFO	
4.1.4	Banking procedures:		
a)	review the banking arrangements of ICB at regular intervals to ensure they reflect best practice and represent best value for money.	CFO	
b)	ensure competitive tenders are sought at least every 5 years where non GBS bank is used.	CFO	
4.2	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	SFI 5.1
4.3	Duty to inform Chief Finance Officer of money due from transactions which they initiate/deal.	All employees / budget holders	
5. Limits for requisition, purchase order approval and invoice approval			
5.1	<i>Limits for requisition / purchase order approval / approval of invoices for <u>goods, non-healthcare services or works</u></i> (figures quoted inclusive of VAT)		
	Up to £500,000	Budget holder	
	Over £500,000	Chief Officer Budget Holder	
	Authorisation for non-budgeted items where the order exceeds a 12 month period (other than under a contract).	Chief Finance Officer	
5.2	Limits for invoice approval of healthcare spend / commissioning programme cost invoices (NHS and non-NHS) e.g. personalised care invoices, healthcare services invoices etc.		
	• Up to £1m	Budget holder	
	• Up to £5m	Band 9 Budget Holder	
	• Up to £20m	Chief Officer Budget Holder	
	• Over £20,000,000	CFO or Accountable Officer	
	• For pharmacy, optometry and dental (hosted function) – see Scheme of Reservation and Delegation	Pharmacy, Optometry and Dental Hosted Team	
	• For pharmacy, optometry and dental (hosted function) over £100,000	Chief Officer Budget Holder	

Ref	Reserved / delegated matter	Delegated to	Governance document reference
5.3	<p>Approval of monthly RFT (Request for Transfer) payments to NHS providers</p> <p>For regular monthly payments to NHS providers, pre-scheduled RFT payments (managed by NHS Shared Business Services) are used. These ensure that large volumes of payments are transmitted simultaneously between NHS organisations. In the absence of monthly invoices from NHS providers a contract schedule is maintained by the finance team detailing the contract values and monthly instalments to be paid. Where contracts have been agreed and signed this is indicated on the contract schedule. Where contracts have yet to be agreed and signed or where additional payments are being made to a provider such as adjustments for over or under performance or payment of Service Development Funding, monthly budget holder sign off is obtained. For Specialised Commissioning and Pharmacy, Ophthalmology and Dentistry (POD) evidence is provided on the contract schedule demonstrating that the figures have been provided by an authorised individual within the hosted Specialised Commissioning and POD finance teams. For payments to Low Volume Activity (LVA) NHS providers the schedule of fixed LVA payments received from NHSE at the beginning of the year is used as supporting evidence.</p>	<p>The Director(s) of Finance (B9) are delegated by the Director of Finance to authorise the release of the monthly RFT payment (by e-mail) upon reviewing the contract schedule to ensure that contracts have been signed or that the contract or other values to be paid have received budget holder approval. Under this process the Director(s) of Finance are authorising the release of pre-approved contract instalments for payment as opposed to approving the instalment values themselves.</p>	
6. Other aspects of commissioning expenditure			
6.1	Further reimbursement of expenditure within approved allocation	Budget holders or Chief Officers	
6.2	Setting of Fees and Charges (Income generation)	CFO	
6.3	<p>Agreements / Licences</p> <ul style="list-style-type: none"> a) Preparation and signature of all tenancy agreements/licences for all staff. b) Extensions to existing leases e.g. premises c) Letting of Premises to/from outside organisations d) Approval of rent calculation based on professional assessment 	<ul style="list-style-type: none"> a) Budget holder b) CFO or Accountable Officer c) CFO or Accountable Officer d) CFO 	
7. Condemning and Disposal of assets (SFI 12)			
7.1	<p>Items obsolete, obsolescent, redundant, irreparable or cannot be repaired cost effectively (e.g. corporate furniture and fittings, IT and other hardware, and intangible assets):</p> <ul style="list-style-type: none"> i) With current/estimated purchase price / asset proceeds are less than the asset value. ii) With current/estimated purchase price / asset proceeds are equal to or greater than the residual value of the asset (therefore a gain). iii) Land and buildings 	<ul style="list-style-type: none"> Budget Holder CFO ICB Board 	

Ref	Reserved / delegated matter	Delegated to	Governance document reference
8. Losses, Write-off & Compensation (SFI 10) Assurance presented to Audit Committee.			
8.1	Losses and cash due to theft, fraud, overpayment and others.	CFO and in line with the Losses and Special Payments Policy.	SFI 10, SFI 11
8.2	Fruitless Payments (including abandoned Capital Schemes) i) Up to £100,000 ii) Over £100,000	Liaison with the ICB' Local Counter Fraud Specialist and Police as required and in line with the ICB' Corruption, Fraud and Bribery Policy. i) Director of Finance ii) CFO	SFI 10, SFI 11
8.3	Authorisation of debt write-off and claims abandoned: • Up to £50,000 • Above £50,000	<ul style="list-style-type: none"> • Director of Finance – reported to Audit Committee for information and assurance. • CFO – reported to Audit Committee for information and assurance. 	
8.4	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	
8.5	Extra contractual payments made to contractors up to £50,000	CFO in line with the Losses and Special Payments Policy.	
9. Ex Gratia Payments (SFI 10)			
9.1	Staff for loss of personal effects: i) up to £500 ii) up to £5,000 iii) over £5,000 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 Joint Remuneration	i) Budget Holder ii) Director of Finance iii) CFO	SFI 10

Ref	Reserved / delegated matter	Delegated to	Governance document reference
	and People Committee for review and the Committee would make recommendation in line with national guidance / policy. 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 e.g. special severance payments.		
9.2	Compensation payments made under legal obligation	CFO in line with the Losses and Special Payments Policy (in conjunction with the Corporate Governance Team and / or legal advice)	SFI 10
9.3	For clinical negligence and for personal injury claims involving negligence where legal advice has been obtained and guidance applied a) up to £100,000 (negotiated settlements) b) over £100,000 (negotiated settlements)	a) Corporate Claims Budget Holder b)CFO	SFI 10
10. Reporting of Incidents to the Police			
10.1	Where a criminal offence is suspected: i) Criminal Offence of a violent nature ii) Theft iii) Other	Chief Officers Band 9 or Chief Officers Chief Officers	
10.2	Where a fraud is involved (following referral to the Counter Fraud Service)	CFO	SFI 11
10.3	Where an incident occurs out of normal working hours	On Call Director	
11. Standards of Business Conduct - Receiving Sponsorship, Gifts and Hospitality			
11.1	All staff 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). In the exceptional circumstances that a gift or hospitality is offered or accepted please see the Standards of Business Conduct Policy and / or the Conflicts of Interest, Gifts and Hospitality and Sponsorship Policy.	Declarations required in line with ICB' Conflicts of Interest, Sponsorship and Gifts and Hospitality Policy / Standards of Business Conduct Policy.	
11.2	Authorisation of Sponsorship Deals	Refer to Standards of Business Conduct / Conflicts of Interest, Sponsoring and Gifts and Hospitality Policy	

Ref	Reserved / delegated matter	Delegated to	Governance document reference
11.3	Investment of Funds	<p>Authorised budget holders in line with budget.</p> <p>Board level Committees have delegated financial authority in line with the Scheme of Reservation and Delegation.</p> <p>CFO overall responsible for investment of funds.</p>	
12. Personnel and Pay (SFI 8)			
12.1	Authority to fill funded post on the establishment with permanent staff (within budget).	Budget Holders	SFI 8
12.2	Maintain list of authorised signatories for payroll functions.	HR team	SFI 8
12.3	Authority to appoint staff not on the formal establishment	See Policy	SFI 8
12.4	<p>Upgrading & Regrading:</p> <p>i) All requests for upgrading/re-grading shall be dealt with in accordance with ICB HR policy and procedure</p>	In line with HR Policy.	SFI 8
12.5	<p>Pay:</p> <p>i) Authority to complete standing data forms effecting pay, new starters, variations and leavers</p> <p>ii) Authority to complete standing data forms effecting pay, new starters, variations and leavers, over an annual equivalent of £170,000 per annum (or value as per national guidance)</p> <p>iii) Authority to authorise overtime (only where HR Policy permits)</p> <p>iv) Authority to authorise travel and subsistence expenses</p> <p>v) Approval of Performance Related Pay Assessment in line with Agenda for Change Framework</p>	<p>Budget holders</p> <p>ii) Chief Officers commend the case before seeking Ministerial support via NHS England (subject to Remuneration Committee recommendation/decision where applicable).</p> <p>iii) Line Managers</p> <p>iv) Line Managers (in line with HR policy).</p> <p>v) Remuneration and People Committee for Very Senior Managers. The CFO remains accountable for all decisions under this authority (except where relating to the CFO).</p>	SFI 8
12.6	<p>Payroll Deductions:</p> <p>i) PAYE, NIC & Pension Payments</p> <p>ii) Payment requests</p>	In line with HR Policy	SFI 8

Ref	Reserved / delegated matter	Delegated to	Governance document reference
12.7	Leave: i) Approval of Annual Leave ii) Annual Leave – approval of carry forward up to a maximum of 5 days iii) Annual Leave – approval of carry forward > 5 days iv) Compassionate Leave v) Special Leave arrangements vi) Unpaid Leave vii) Maternity Leave – Paid and Unpaid	i) Line / Departmental Manager ii) Chief Officers iii) Chief Officers iv) Line Manager (in line with HR Policy) v) Line Manager (in line with HR Policy) vi) Line Manager in line with HR Policy vii) Automatic approval within Chief Officers (subject to HR guidance)	SFI 8
12.8	Sick Leave: i) Extension of sick leave on half pay ii) Return to work part time on full pay to assist recovery iii) Extension of sick leave on full pay	Line Manager in line with HR Policy	SFI 8
12.9	Study Leave: i) in line with HR Policy	in line with HR Policy	SFI 8
12.10	Grievance Procedure: all grievances must be dealt with strictly in accordance with the Grievance Procedure and the advice of HR must be sought.	Line Manager	SFI 8
12.11	Discipline Procedure: all grievances must be dealt with strictly in accordance with the Discipline Procedure and the advice of HR must be sought.	Line Manager	SFI 8
12.12	Renewal of Fixed Term Contract	In line with HR Policy	SFI 8
12.13	Authorised Car & Mobile Phone Users: i) Requests for car usage ii) mobile telephone users and VPN access	i) Budget holders, Director of Finance or Chief Officers ii) Corporate Governance Budget holder	SFI 8
12.14	Redundancy:	In line with policy and NHS England rules (in conjunction with the Remuneration and People Committee)	SFI 8
12.15	Ill Health Retirement: Decision to pursue retirement on the grounds of ill-health	In line with HR Policy	SFI 8
12.16	Dismissal	In line with HR Policy	SFI 8

Ref	Reserved / delegated matter	Delegated to	Governance document reference
13. Miscellaneous			
13.1	Relationships with media	B9 and above.	
13.2	Review of all statutory compliance legislation and Health & Safety requirements	CFO in conjunction with the Corporate Governance Team.	
13.3	Review of ICB's compliance with the Data Protection Act and associated legislation	CFO as SIRO in conjunction with the Corporate Governance team and Data Protection Officer (DPO)	
13.4	Engagement of solicitors	Senior Corporate Governance Officers	
13.5	Memorandums of Understanding (MoUs) will not ordinarily constitute public contracts for the purposes of procurement law but will be subject to the internal approval processes for non-competed expenditure.	CFO with support from the Spend Review Panel	
13.6	Use of Purchase Card	Senior Corporate Governance Officers	
GLOSSARY OF TERMS			
AO – Accountable Officer			
CFO – Chief Finance Officer			
<ul style="list-style-type: none"> • Chief Officers this will relate to: <ul style="list-style-type: none"> - The Chief Executive (Accountable Officer) - The Chief Finance Officer - The Chief Medical Officer - The Chief Nursing Officer - The Chief Strategy Officer - The Chief Delivery Officer 			

**Appendix F –
Audit Committee terms of reference**

**Audit Committee meetings in common
Terms of Reference**

Membership	<ul style="list-style-type: none"> • Non-Executive Member for Audit • Non-Executive Member for Remuneration
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 Committees.
In Attendance	<p>Only members of the Committees have the right to attend Committee meetings, however all meetings of the Committees will also be attended by the following individuals who are not members of the Committees:</p> <ul style="list-style-type: none"> • Chief Finance Officer • ICB Operational Lead for Governance • A representative from each of the internal and external auditors • A representative from each of the local counter fraud service.
Frequency of Meetings	At least 4 times a year.
Approval Date	19 March 2026
Review Date	March 2027

Audit Committee meetings in common Terms of Reference

1. CONSTITUTION

The NHS Leicester, Leicestershire & Rutland Integrated Care Board and the NHS Northamptonshire Integrated Care Board hereby resolve to establish Committees of the respective Boards known as the Audit Committees in common (or meetings in common). The Committees are established in accordance with the Constitutions of NHS Leicester, Leicestershire & Rutland Integrated Care Board and the NHS Northamptonshire Integrated Care Board (“the ICBs”).

These terms of reference, which must be published on the respective ICB’s website, and set out the membership, the remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the respective Boards.

The Committees will be chaired by a Non-Executive Member of the ICBs, it is a committee of the respective Board and its members, including those who are not members of the Boards, are bound by the Standing Orders and other policies of the ICBs.

2. PURPOSE OF THE COMMITTEES

To contribute to the overall delivery of the ICBs’ objectives by providing oversight and assurance to the Boards on the adequacy of governance, risk management and internal control processes within the respective ICB.

The duties of the Committees will be driven by the organisations’ 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 Committees have no executive powers, other than those delegated in the Scheme of Reservation and Delegation (SoRD) and specified in these terms of reference.

3. DELEGATED AUTHORITY

The Audit Committees are authorised by the Boards to:

- Investigate any activity within its terms of reference;
- Seek any information it requires within its remit, from any employee or member of the respective 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 Committees must follow any procedures put in place by the ICBs 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.
- Approve relevant policies as determined by the ICB Boards and outlined within the Scheme of Reservation and Delegation, including but not limited to the Standards of Business Conduct / Conflicts of Interest Policy, annual statutory registers as appropriate, Risk Management Strategy and Policy and accounting policies.

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 committees being permitted to meet in private.

4. MEMBERSHIP AND ATTENDANCE

Membership

The members of the Committees shall be appointed by the Boards in accordance with the ICBs' Constitutions.

The Boards will appoint no fewer than two members of the Committee who are 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 respective ICB Boards, nor employees of the ICB will be members of the Committees.

Members will possess between them knowledge, skills and experience in: accounting, risk management, internal, external audit; and technical or specialist issues pertinent to the business of the ICBs. When determining the membership of the Committees, active consideration will be made to diversity and equality.

Members:

- Non-Executive Member for Audit
- Non-Executive Member for Remuneration

Chair and Vice Chair

In accordance with the Constitution, the Committees will be chaired by an Non-Executive Member of the Boards appointed on account of their specific knowledge skills and experience making them suitable to chair the Committees.

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 who will also be a Non-Executive Member of the Board.

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

- Chief Finance Officer
- ICB Operational Lead for Governance
- A representative from each of the internal and external auditors
- A representative from each of the local counter fraud service.

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.

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.

Where an attendee of the Committees (who is not a member of the Committees) 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 Committees.

5. MEETING QUORACY AND DECISIONS

The Committees shall meet at least four times per year and arrangements and notice for calling meetings are set out in the Standing Orders. Additional meetings may be convened on an exceptional basis at the discretion of the Chair.

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

In accordance with the Standing Orders, the Committees may meet virtually when necessary and members attending using electronic means will be counted towards the quorum.

Quoracy

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 Committees.

If any member of the Committees 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 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 Committees may meet virtually using MS Teams as agreed by the Chair. Where a virtual meeting is convened, the usual process for meetings of the Committees will apply, including those relating to the quorum (as set out in these terms of reference). Virtual attendance at in-person meetings will be permitted at the discretion of the Chair

6. RESPONSIBILITIES OF THE COMMITTEES

The Committees' duties can be categorised as follows:

6.1. 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 ICBs' activities that support the achievement of its objectives, and to highlight any areas of weakness to the Boards.

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 ICBs' objectives, the effectiveness of the management of principal risks.

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

To ensure consistency that the ICBs act 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 ICBs.

6.2. 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.

6.3. 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.

6.4. Other Assurance Functions

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

To review the work of other committees across the ICBs, 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 ICBs including the completeness and accuracy of information provided.

To review the findings of external bodies and consider the implications for governance of the ICBs. 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).

6.5. Counter Fraud

To assure itself that the ICBs have adequate arrangements in place for counter fraud, bribery and corruption (including cyber security) that meet NHS Counter Fraud Authority's (NHSCFA) requirements, in line with Governmental Functional Standard 013, 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 work undertaken, and discuss any 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 Counter Fraud Functional Standard Return (CFFSR) on behalf of the organisation, outlining key work undertaken during each financial year to assess and demonstrate the level of compliance with NHSCFA requirements.

To report concerns of suspected fraud, bribery and corruption to the Local Counter Fraud Specialist or NHSCFA.

6.6. Freedom to Speak Up

To review the adequacy and security of the ICBs' arrangements for its employees, contractors and external parties to raise concerns, in confidence, in relation to financial, clinical management, or other matters. The Committees shall ensure that these arrangements allow proportionate and independent investigation of such matters and appropriate follow up action.

6.7. Information Governance

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 Cyber Assessment Framework Data Security and Protection Toolkit (CAF DSPT) and relevant reports and action plans.

To receive reports on audits to assess information and IT security arrangements, including the annual CAF DSPT audit.

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

6.8. Financial Reporting

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

To ensure that the systems for financial reporting to the Boards, 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.

6.9. Conflicts of Interests

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

The Committee shall satisfy itself that the ICBs' 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 ICBs' policy and procedures relating to conflicts of interest.

6.10. 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 ICBs 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 ICBs' standing orders, in order to provide assurance in relation to the appropriateness of decisions and to derive future learning.

6.11. 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 to ensure the relationship between them is understood.

7. ACCOUNTABILITY AND REPORTING ARRANGEMENTS

The Committees are accountable to the respective Boards. and shall report to the Boards on how it discharges its responsibilities, escalating any concerns where necessary and it shall draw to the attention of the Boards any issues that require disclosure or require action.

The Committees will provide the Boards with an Annual Report, timed to support finalisation of the accounts and the Governance Statements. 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.

8. BEHAVIOURS AND CONDUCT

ICB Values

Members will be expected to conduct business in line with the ICBs values and objectives. Members of, and those attending, the Committees shall behave in accordance with the ICBs' Constitutions, Standing Orders, and Standards of Business Conduct Policies.

Equality and Diversity

Members must demonstrably consider the quality 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. The Chair of the Committees will determine how declared interests should be managed, in line with the ICBs' Conflicts of Interests Policy.

10. SECRETARIAT AND ADMINISTRATION

The Committees shall be supported with a secretariat function 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 Committees will review its effectiveness at least annually.

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

**Appendix G –
Remuneration and People Committee
terms of reference**

Remuneration and People Committee Meetings in Common Terms of Reference

Membership	<ul style="list-style-type: none"> • Non-Executive Member – Remuneration (Chair of Committee) • Non-Executive Member – Finance (vice Chair) • Non-Executive Member – Commissioning • Non-Executive Member – Quality, Performance and Outcomes • Chair of the Clustered ICBs
Quorum	For a meeting to be quorate a minimum of two of the non-executive members is required, one of whom will be the Chair or Vice Chair.
In Attendance	<p>Only members of the Committees 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.</p> <p>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:</p> <ul style="list-style-type: none"> • Chief Executive Officer • Chief Strategy Officer with responsibility for workforce and HR (executive lead) • Senior HR Advisor • A Corporate Governance lead.
Frequency of Meetings	At least twice a year.
Approval Date	19 March 2026
Review Date	March 2027

Remuneration and People Committee Meetings in Common

Terms of Reference

1. CONSTITUTION

The NHS Leicester, Leicestershire & Rutland Integrated Care Board and the NHS Northamptonshire Integrated Care Board hereby resolve to establish Committees of the respective Boards known as the Remuneration and People Committees in common (or meetings in common). The Committees are established in accordance with the Constitutions of NHS Leicester, Leicestershire & Rutland Integrated Care Board and the NHS Northamptonshire Integrated Care Board (“the ICBs”).

These terms of reference, which must be published on the respective ICB’s website, and set out the membership, the remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the respective Boards.

The is a non-executive committee of the respective Boards and its members, including those who are not members of the respective Boards, are bound by the Standing Orders and other policies of the ICBs.

2. PURPOSE OF THE COMMITTEE

The main purpose of the Committees 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 members excluding the Chair.

As the Committees in common will consist of Non-Executive Members, 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 respective Boards have also delegated the following functions to the Committees:

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

3. DELEGATED AUTHORITY

The Remuneration and People Committees are authorised by the Boards 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 Committees) within the 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 Committees must follow any procedures put in place by the ICBs 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 Committees' members. The Committees shall determine the membership and terms of reference of any such task and finish sub-groups in accordance with the ICBs' Constitution, Standing Orders and Scheme of Reservation and Delegation but may not delegate any decisions to such groups.

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

4. MEMBERSHIP AND ATTENDANCE

Membership

The members shall be appointed by the respective Boards in accordance with the respective ICB's Constitution.

The Boards will appoint no fewer than four non-executive members of the respective Boards 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 Boards may be a member of the Committee but may not be appointed as the Chair of the meeting.

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

Members of the respective Committees shall be the Non-Executive Members of the ICBs:

- Non-Executive Member – Remuneration (Chair of Committee)
- Non-Executive Member – Finance (vice Chair)
- Non-Executive Member – Commissioning
- Non-Executive Member – Quality, Performance and Outcomes
- Chair of the Clustered ICBs

Attendees

Only members of the Committees 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:

- Chief Executive Officer
- Chief Strategy Officer with responsibility for workforce and HR (executive lead)
- Senior HR Advisor
- A Corporate Governance lead.

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.

Chair and Vice Chair

In accordance with the respective ICB 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 to 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.

5. MEETING QUORACY AND DECISIONS

The Committee meetings in common will meet in private.

The Committees 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 Committees to convene further meetings to discuss particular issues on which they want the Committee's advice.

In accordance with the Standing Orders, the Committees may meet virtually when necessary and members attending using electronic means will be counted towards the quorum

Quoracy

For a meeting to be quorate a minimum of two of the non-executive members is required, one of whom will be 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 accordance with the Standing Orders. The Committees will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.

Only members of the Committees 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 Committees in common will hold the casting vote

6. RESPONSIBILITIES OF THE COMMITTEES

The Committees' 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 Committees 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 (but not limited to) Fit and Proper Person Test regulation (FPPT), Workforce Race Equality Standard (WRES), and Workforce Disability Equality Standard (WDES).
- Assurance in relation to workforce data, and information and Key Performance Indicators.
- Assurance in relation to organisational culture including but not limited to Freedom to Speak Up processes, Staff Survey and Wellbeing.
- Assurance in relation to the development and implementation of an organisational development plan and workforce strategy to support the organisation transformation agenda.
- Approval of relevant policies and strategies as determined by the ICB Boards and outlined within the Scheme of Reservation and Delegation, including but not limited to the Organisational Development Strategy and the Organisational Workforce Strategy, Fit and Proper Person Test Policy.

7. ACCOUNTABILITY AND REPORTING ARRANGEMENTS

The Committees are accountable to the respective ICB Boards and shall report to the Boards on how it discharges its responsibilities.

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

The Committee Chair will submit a risk-based highlight report to the Board as deemed appropriate. 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.

8. BEHAVIOURS AND CONDUCT

Benchmarking and guidance

The Committees 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 ICBs' values and objectives and the principles set out by the ICBs.

Members of, and those attending, the Committees in common shall behave in accordance with the Constitutions, Standing Orders, and Standards of Business Conduct Policies of the respective ICBs.

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 meetings in common shall be supported with a secretariat function, 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 Committees will review their 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 ICBs' Boards for approval.

**Appendix H –
Joint Transition and Transformation
Committee terms of reference**

Joint Transition and Transformation Committee

Membership	<ul style="list-style-type: none"> • Non- Executive Member – Remuneration (Chair of meeting) • Non-Executive Member – Quality (vice Chair) • Chief Executive • Chief Strategy Officer • Transition Director • Senior HR Lead
Quorum	For a meeting to be quorate a minimum of three members are required, to include at least one Non-Executive Member, who will act as chair and one Executive member plus one other member.
In Attendance	Individuals may be asked to attend on a regular basis, however they do not form part of the membership and therefore do not have voting rights.
Frequency of Meetings	Monthly
Approval Date	19 March 2026
Review Date	March 2027

Joint Transition and Transformation Committee

Terms of Reference

1. CONSTITUTION

The Joint ICB Transition and Transformation Committee (“the Joint Committee”) is a joint committee of NHS Leicester, Leicestershire and Rutland Integrated Care Board and NHS Northamptonshire Integrated Care Board (“the ICBs”), established in accordance with section 65Z5 of the National Health Service Act 2006 (as amended by the Health and Care Act 2022).

These Terms of Reference set out the membership, the remit and responsibilities and reporting arrangements of the Joint Committee and may only be changed with the approval of the respective ICB Board.

The Joint Committee will be chaired by a Non-Executive Member of the ICBs, it is a committee of the respective Board and its members, including those who are not members of the Boards, are bound by the Standing Orders and other policies of the ICBs.

2. PURPOSE OF THE COMMITTEES

The primary purpose of the Joint Committee is to oversee and scrutinise arrangements for the transition and transformation of the ICBs into their future operating model, in line with national guidance, which may include consideration of a potential merger of the ICBs.

The Joint Committee is not a decision-making committee, any decisions will be reverted to the respective ICB Board, Committees or Officers, or to NHS England in line with each parties Governance Framework. Boards may delegate authority for the Joint Committee to undertake the defined duties set out below on its behalf; the Joint Committee will be required to provide assurance back to the individual ICB Boards on the transition. It is expected the Joint Committee will also have a responsibility to provide assurance to the regional NHS England transition committee.

3. DELEGATED AUTHORITY

The Joint Committee is a formal committee of the ICBs.

The Joint Committee holds only those powers as delegated in these Terms of Reference as determined by the respective ICB Board. For the avoidance of doubt, the Joint Committee will comply with, the respective ICB Standing Orders, Standing Financial Instructions and the Scheme of Reservation and Delegation.

The Joint Committee is authorised to:

- a) Investigate any activity within its terms of reference.

- b) Seek any information it requires from employees of the ICBs and all employees of the ICBs are directed to co-operate with any request made by the Joint Committee.
- c) Obtain outside legal or other independent advice and to secure the attendance of individuals with relevant experience and expertise if it considers this necessary.

4. MEMBERSHIP AND ATTENDANCE

Membership

The Joint Committee members shall be appointed by the Boards in accordance with the respective ICB Constitution.

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

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

The membership of the Joint Committee will be comprised as follows:

- Non- Executive Member – Remuneration (Chair of meeting)
- Non-Executive Member – Quality (vice Chair)
- Chief Executive
- Chief Strategy Officer
- Transition Director
- Senior HR Lead

Attendees

Only members of the Joint 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. Individuals may be asked to attend on a regular basis, however they do not form part of the membership and therefore do not have voting rights.

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

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.

Chair and Vice Chair

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

Committee. A second Non-Executive Member will be the Vice Chair of the Joint Committee.

In the event of the Chair being unable to attend all or part of the meeting a replacement from within the Joint Committee's Non-Executive membership will be nominated to deputise for that meeting / part of 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.

5. MEETING QUORACY AND DECISIONS

The Joint Committee will meet on a monthly basis. There is no requirement for meetings of the Joint Committee to be open to the public.

Arrangements and notice for calling meetings are set out in the Standing Orders. 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 three members are required, to include at least one Non-Executive Member, who will act as chair and one Executive member plus one other member.

If any member of the Joint 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

The Joint Committee is not a decision-making committee. The Joint Committee will recommend action for decisions to be reverted to the respective ICB Board, Committees or Officers, or to NHS England in line with each parties' Governance Framework.

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

Only members of the Joint 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 Joint Committee will hold the casting vote. The result of the vote will be recorded in the minutes.

The Joint Committee may meet virtually using MS Teams as agreed by the Chair. Where a virtual meeting is convened, the usual process for meetings of the Joint Committee will apply, including those relating to the quorum (as set out in these terms of reference). Virtual attendance at in-person meetings will be permitted at the discretion of the Chair.

6. RESPONSIBILITIES OF THE COMMITTEE

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

- a) Oversee the establishment of robust programme management arrangements to deliver ICB transition requirements within the prescribed timeframe.
- b) Oversee the development of a fit for purpose ICB operating model which may include consideration of a merger of the ICBs. Oversight by the Committee will include ensuring that the proposed new model:
 - Is designed to effectively deliver transformational organisational change and revised ICB functions and responsibilities, in line with the Model ICB and Strategic Commissioning Framework.
 - Delivers required efficiencies and is affordable within the financial allocation for the ICBs.
 - Is developed taking into account the feedback from the combined workforce of the ICBs, its partner organisations and any national or regional policy.
- c) Oversee the development and implementation of fair, equitable and transparent exit and workforce change processes for ICB staff, in line with national guidance and local policy requirements. This will be discharged through working in conjunction with each ICB's Remuneration Committee and Staff Forum, as appropriate. This will include oversight of appropriate support initiatives for ICB staff to ensure they are well supported throughout the transition process.
- d) Oversee the establishment of effective governance arrangements to support the period of transition the new ICB operating model, and to ensure its ongoing effectiveness beyond the transitional phase.
- e) Oversee the delivery of timely, open, and transparent staff and stakeholder communications throughout the transition process.
- f) Oversee the identification and management of risks relating to the transition process and future ICB operating model.
- g) Oversee the initial development of an organisational development strategy and plan and the workforce strategy to support the organisation transformation agenda. Thereafter, the responsibility for oversight and assurance of the implementation of these areas will fall within the remit of the Remuneration and People Committee

7. ACCOUNTABILITY AND REPORTING ARRANGEMENTS

The Joint Committee is accountable to the respective ICB Board. It shall report to the Boards on how it discharges its responsibilities, escalating any concerns where necessary and it shall draw to the attention of the Boards any issues that require disclosure or require action.

8. BEHAVIOURS AND CONDUCT

ICB Values

Members will be expected to conduct business in line with the ICB values and objectives. Members and attendees shall behave in accordance with the respective ICB Constitution, Standing Orders, and Standards of Business Conduct Policy.

Equality and Diversity

Members must demonstrably consider the quality 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. The Chair of the Joint Committee will determine how declared interests should be managed, in line with the ICBs' Conflicts of Interests Policy.

10. SECRETARIAT AND ADMINISTRATION

The Joint Committee shall be supported with a secretariat function 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 Joint Committee will review its effectiveness at least annually.

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

**Appendix I –
Joint Commissioning Strategy Committee
terms of reference**

Joint Commissioning Strategy Committee Terms of Reference

Membership	<ul style="list-style-type: none"> • Non-Executive Member for Commissioning Strategy (Chair) • Non-Executive Member for Finance • Chief Strategy Officer • Chief Delivery Officer • Chief Finance Officer • Chief Nursing Officer or Chief Medical Officer • Cluster Representative Director of Public Health • Cluster Representative Healthwatch
Quorum	For a meeting to be quorate a minimum of three members are required, one must be a Non-Executive Member and one must be an Executive member, plus one other member.
In Attendance	<p>The following individuals may be asked to attend on a regular basis, however they do not form part of the membership and therefore do not have voting rights:</p> <ul style="list-style-type: none"> • Senior Lead Strategy • Senior Lead Public/Patient Engagement • Senior Lead Digital/Data
Frequency of Meetings	Monthly
Accountability and Reporting	Accountable to the LLR ICB and NICB Boards meetings in Common.
Approval Date	19 March 2026
Review Date	March 2027

Joint Commissioning Strategy Committee Terms of Reference

1. CONSTITUTION

The NHS Leicester, Leicestershire & Rutland Integrated Care Board and the NHS Northamptonshire Integrated Care Board hereby resolve to establish a Joint Committee of the respective Boards known as the Joint Commissioning Strategy Committee (the “Joint Committee” or “the Committee”). The Committee is established in accordance with the Constitutions of NHS Leicester, Leicestershire & Rutland Integrated Care Board and the NHS Northamptonshire Integrated Care Board (“the ICBs”).

These terms of reference, which must be published on the respective ICB’s website, and set out the membership, the remit, responsibilities and reporting arrangements of the Joint Committee and may only be changed with the approval of the respective ICB Boards.

The Committee will be chaired by a Non-Executive Member of the ICBs, 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 ICBs.

2. PURPOSE OF THE COMMITTEE

The Committee has been established to provide the ICB with assurance that it is delivering its duties in relation to developing and delivering the commissioning strategy for the ICBs.

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

3. DELEGATED AUTHORITY

The respective Boards have delegated authority to the Joint Committee as set out in the Scheme of Reservation and Delegations 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 Boards.

For the avoidance of doubt, the Committee will comply with, the ICBs’ Standing Orders, Standing Financial Instructions and the Scheme of Reservation and Delegation (SoRD).

4. MEMBERSHIP AND ATTENDANCE

Membership

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

The Board will appoint no fewer than seven members of the Committee including two who are Non-Executive Members of the Board. Other members 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.

Members

- Non-Executive Member for Commissioning Strategy (Chair)
- Non-Executive Member for Finance
- Chief Strategy Officer
- Chief Delivery Officer
- Chief Finance Officer
- Chief Nursing Officer or Chief Medical Officer
- Cluster Representative Director of Public Health
- Cluster Representative Healthwatch

Attendees

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 do not form part of the membership and therefore do not have voting rights:

- Senior Lead Strategy
- Senior Lead Public/Patient Engagement
- Senior Lead Digital/Data

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.

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.

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 and a second Non-Executive Member will be the Vice Chair of the Committee.

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

5. MEETING QUORACY AND DECISIONS

The Committee shall meet monthly with meetings and arrangements and notice for calling meetings are set out in the Standing Orders. Additional or less frequent 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 three members are required, one must be a Non-Executive Member and one must be an Executive member, plus one other member.

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 have oversight and seek assurance of:

- Strategic and operational planning.
- Delivery against the annual operational planning commitments and against the strategic objectives taking into consideration the financial plan, quality and performance.

- Population Health Management, data and analytics – informing planning and commissioning decisions and holistic assessment of need.
- Reducing health inequality through planning and commissioning of health services.
- Population involvement, engagement and consultation.
- Supporting place/neighbourhoods/collaboratives to develop and deliver.
- Collaborative commissioning/new models of care.
- Capital Estates Planning and the Green Agenda.

The Committee will:

- Make recommendation on the strategic priorities to the ICB Boards.
- Make recommendation on strategic/long term plans to the ICB Boards.
- Have oversight of the overarching annual operational plan, taking into consideration the financial plan and quality/equality and performance implications.
- Approve the arrangements for and oversee public consultation and / or engagement in respect of the annual operational plan and financial plan, and the Joint Forward Plan / Medium- and Long-term Plan.
- have oversight of strategic risks on the Board Assurance Framework and high-risk operational risks and oversight of associated mitigations related to the remit of the Committee. Ensure the ICB Boards are kept informed of significant risks and mitigation plans, in a timely manner.

7. ACCOUNTABILITY AND REPORTING ARRANGEMENTS

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

The Chair of the Committee shall report to the Board after each meeting and provide a report on assurances received, escalating any concerns where necessary and shall draw to the attention of the Board any issues that require disclosure to the Board or require action.

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 quality 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. The Chair of the Committee will determine how declared interests should be managed, in line with the ICB's Conflicts of Interests Policy.

10. SECRETARIAT AND ADMINISTRATION

The Committee shall be supported with a secretariat function 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. 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.

**Appendix J –
Joint Quality, Performance and Outcomes
Committee terms of reference**

Joint Quality, Performance & Outcomes Committee Terms of Reference

Membership	<ul style="list-style-type: none"> • Non-Executive Member Quality (Chair) • Non-Executive Member Remuneration (Vice Chair) • Chief Nursing Officer • Chief Medical Officer • Chief Strategy Officer • Chief Delivery Officer • Cluster representative Director of Public Health • Cluster representative Healthwatch
Quorum	For a meeting to be quorate a minimum of three members are required, one must be a Non-Executive Member and one must be an Executive member, plus one other member.
In Attendance	<p>The following individuals may be asked to attend on a regular basis, however they do not form part of the membership and therefore do not have voting rights:</p> <ul style="list-style-type: none"> • Senior Lead Quality • Senior Lead Performance
Frequency of Meetings	Bi-monthly
Accountability and Reporting	Accountable to the LLR ICB and NICB Boards meetings in Common.
Approval Date	19 March 2026
Review Date	March 2027

Joint Quality, Performance & Outcomes Committee Terms of Reference

1. CONSTITUTION

The NHS Leicester, Leicestershire & Rutland Integrated Care Board and the NHS Northamptonshire Integrated Care Board hereby resolve to establish a Joint Committee of the respective Boards known as the Joint Quality, Performance and Outcomes Committee (the Committee). The Committee is established in accordance with the Constitutions of NHS Leicester, Leicestershire & Rutland Integrated Care Board and the NHS Northamptonshire Integrated Care Board (“the ICBs”).

These terms of reference, which must be published on the respective ICB’s website, and set out the membership, the remit, responsibilities and reporting arrangements of the Joint Committee and may only be changed with the approval of the respective ICB Boards.

The Committee will be chaired by a Non-Executive Member of the ICBs, it is a committee of the respective 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 OF THE COMMITTEE

The Committee has been established to provide the ICBs with assurance that they are delivering their 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 <https://www.england.nhs.uk/wp-content/uploads/2021/04/nqb-refreshed-shared-commitment-to-quality.pdf> 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 to improve patient safety and quality outcomes, 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 ICBs in relation to activities and items within its remit.

3. DELEGATED AUTHORITY

The respective Boards have delegated authority to the Committee as set out in the Scheme of Reservation and Delegations 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 Boards.

For the avoidance of doubt, the Committee will comply with, the ICBs' Standing Orders, Standing Financial Instructions (SFIs) and the Scheme of Reservation and Delegation (SoRD).

4. MEMBERSHIP AND ATTENDANCE

Membership

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

The Boards will appoint no fewer than seven members of the Committee including two who are Non-Executive Members of the Board. Other members 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.

Members

- Non-Executive Member Quality (Chair)
- Non-Executive Member Remuneration (Vice Chair)
- Chief Nursing Officer
- Chief Medical Officer
- Chief Strategy Officer
- Chief Delivery Officer
- Cluster representative Director of Public Health
- Cluster representative Healthwatch

Where a member of the Committee is unable to attend a meeting, a suitable alternative may be agreed with the Chair.

Attendees

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 do not form part of the membership and therefore do not have voting rights:

- Senior Lead Quality
- Senior Lead Performance

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.

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.

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 and a second Non-Executive Member will be the Vice Chair of the Committee.

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

5. MEETING QUORACY AND DECISIONS

The Committee shall meet bi-monthly and arrangements and notice for calling meetings are set out in the ICBs' Standing Orders. 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 three members are required, one must be a Non-Executive Member and one must be an Executive member, plus one other member.

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:

Quality

- Be assured that there are robust processes in place for the effective management of quality, patient safety, patient experience, transformational quality improvement.
- Provide assurance to the ICB Boards on the robustness of the annual programme of quality improvements and transformation of services/care pathways to improve patient safety and quality outcomes. Reviewing and assessing the associated strategic risks to quality of care.
- Scrutinise the effectiveness and sustained delivery of the quality strategy, improvement priorities and plans; ensuring that quality and culturally sensitive care is accessible across all segments of the ICBs' populations and demonstrating continuous quality improvement to ensure that services are responsive to the changing needs of the populations.
- Scrutinise the robustness of the arrangements for and assure compliance with the ICBs' statutory responsibilities. Overseeing and monitoring delivery of the ICBs' key statutory requirements aligned to quality and safety including:
 - Safeguarding adults and children
 - Infection and Prevention Control
 - Equality, diversity and inclusion as it applies to people drawing on commissioned services including approval of any required annual reporting.
 - Arrangements for and assurance of Medicines Optimisation and safety including approval of any annual reporting.
- Oversee and scrutinise the ICBs' responses to all relevant (as applicable to quality) Directives, Regulations, Strategies, national standards, policies, reports, reviews and best practice as issued by the DHSC, NHS England 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 that apply to the Committee's remit and assure the ICB Boards that these are disseminated and implemented appropriately.
- Ensure that mechanisms are in place to review and monitor the effectiveness of the quality of care delivered, including clinical outcomes.
 - Receive assurance that the ICBs have 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).
 - Ensure that the ICBs' arrangements include effective and transparent mechanisms with regard to co-production, learning and improvement. This will include learning from all relevant sources including incidents, never events, complaints and claims and ensures learning is disseminated and embedded.
 - Ensure that the experience of patients and carers informs the work of the ICB.

- Approval of strategies pertinent to Quality, Safeguarding, Equality and Inclusion for commissioned services.
- Monitor the key quality priorities that are included within the ICBs' strategy/ annual plans, including priorities to address variation/ inequalities in care making recommendations for strategic and operational planning to the Boards.
- Review and monitor those risks which relate to quality which could impact on care. Ensure the ICBs are kept informed of significant risks and mitigation plans, in a timely manner.
- Have oversight of the triangulation of data quality and intelligence from other groups and providers influencing patient outcomes including providers quality accounts and plans.
- Have oversight of for the groups reporting into the Committee (e.g. the respective System Quality Group, Local maternity and Neo-natal System (LMNS), Medicines Optimisation Group). Seek assurance from these sub-groups in relation to actions taken to mitigate risks.

Performance and Outcomes

- Ensure assurance and oversight of the delivery against the ICBs' commissioning plans identifying where remedial action is needed, ensuring that action plans are put in place and delivery is monitored.
- Scrutinise progress of relevant Improvement Plans workstreams by:
 - Seeking assurance from Executive Leads on delivery and impact of actions;
 - Approving completion of requirements;
 - Validating evidence of embeddedness;
 - Providing assurance to the Board on Improvement Plan process; and
 - Review the work plan for the Committee to ensure preparatory work to meet national planning and delivery timelines are appropriately scheduled.
- Oversee the ICBs' performance against constitutional standards, key national and local indicators and areas pertinent to the delivery of these.
- Oversee performance for performance indicators for health inequalities and equality.
- Ensure performance is outcome focussed to address and reduce health inequalities of the population of the ICBs to provide equitable access, excellent experience and optimal outcomes.
- Drive delivery against improvements around health inequalities providing oversight and assurance, ensuring delivery of better health outcomes for all of the ICBs population.
- Influence to ensure equality and inclusion are embedded within key health care policy, strategy and programmes of work and in delivery of services.
- Review and evaluation of key performance risks and associated mitigating actions.
- Monitor the performance scorecard and activity performance.

- Support the ICBs in developing the strategic vision to deliver the 3 strategic shifts in the 10-year plan (noting that the role of the ICB as a Strategic Commissioner will develop during this transition period):
 - Neighbourhood Health
 - Prevention
 - Digital

7. ACCOUNTABILITY AND REPORTING ARRANGEMENTS

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

The Chair of the Committee shall report to the Boards after each meeting and provide a report on assurances received, escalating any concerns where necessary and shall draw to the attention of the Boards any issues that require disclosure to the Board or require action.

8. BEHAVIOURS AND CONDUCT

ICB Values

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

Equality and Diversity

Members must demonstrably consider the quality 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. The Chair of the Committee will determine how declared interests should be managed, in line with the ICBs' Conflicts of Interests Policy.

10. SECRETARIAT AND ADMINISTRATION

The Committee shall be supported with a secretariat function 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. 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 Boards for approval.

**Appendix K –
Joint Finance and Contracting Committee
terms of reference**

**Joint Finance and Contracting Committee
Terms of Reference**

Membership	<ul style="list-style-type: none"> • Non-Executive Member for Finance (Chair) • Non-Executive Member for Audit (Vice Chair) • Chief Finance Officer • Chief Delivery Officer • Chief Nursing Officer • Chief Medical Officer • Deputy Chief Strategy Officer (Senior Lead for Strategy)
Quorum	For a meeting to be quorate a minimum of three members are required, one must be a Non-Executive Member and one must be an Executive member, plus one other member.
In Attendance	<p>The following individuals may be asked to attend on a regular basis, however they do not form part of the membership and therefore do not have voting rights:</p> <ul style="list-style-type: none"> • Senior Leads for Finance
Frequency of Meetings	Monthly
Approval Date	19 March 2026
Review Date	March 2027

Joint Finance and Contracting Committee Terms of Reference

1. CONSTITUTION

The NHS Leicester, Leicestershire & Rutland Integrated Care Board and the NHS Northamptonshire Integrated Care Board hereby resolve to establish a Joint Committee of the respective Boards known as the Joint Finance and Contracting Committee (the “Joint Committee” or “the Committee”). The Committee is established in accordance with the Constitutions of NHS Leicester, Leicestershire and Rutland Integrated Care Board and the NHS Northamptonshire Integrated Care Board (“the ICBs”).

These Terms of Reference (TOR) set out the membership, the remit and responsibilities and reporting arrangements of the Joint Committee and may only be changed with the approval of the respective ICB Boards.

The Committee will be chaired by a Non-Executive Member of the ICBs, it is a committee of the respective Board and its members, including those who are not members of the Boards, are bound by the Standing Orders and other policies of the ICBs.

2. PURPOSE OF THE COMMITTEE

The Committee has been established to provide the ICBs with assurance that it is delivering its statutory duties in relation to financial strategy and planning, financial delivery and procurement and contracting strategy and planning.

The Committee exists to scrutinise the robustness of, and gain and provide assurance to the ICB Boards, that there is an effective and sustainable process of financial planning and management; effective control and grip over the delivery of the agreed operational financial plans both in year and multi-year, ensuring contractual delivery and value for money.

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

3. DELEGATED AUTHORITY

The Joint Finance and Contracting Committee is a formal committee of the ICBs.

The Committee holds only those powers as delegated in these Terms of Reference as determined by the ICB Board. For the avoidance of doubt, the Committee will comply with, the ICBs’ Standing Orders, Standing Financial Instructions (SFIs) and the Scheme of Reservation and Delegation (SoRD).

4. MEMBERSHIP AND ATTENDANCE

Membership

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

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

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

Members

- Non-Executive Member for Finance (Chair)
- Non-Executive Member for Audit (Vice Chair)
- Chief Finance Officer
- Chief Delivery Officer
- Chief Nursing Officer
- Chief Medical Officer
- Deputy Chief Strategy Officer (Senior Lead for Strategy)

Attendees

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 do not form part of the membership and therefore do not have voting rights:

- Senior Leads for Finance

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.

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.

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 and a second Non-Executive Member will be the Vice Chair of the Committee.

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

5. MEETING QUORACY AND DECISIONS

The Joint Finance and Contracting Committee shall meet monthly and arrangements and notice for calling meetings are set out in the Standing Orders. 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 three members are required, one must be a Non-Executive Member who will act as chair and one must be an Executive member, plus one other member.

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 Joint Finance and Contracting Committee will be authorised by the respective ICB Board. It is expected that the Committee will be responsible for the following:

Financial Strategy

- Oversee the development and monitor delivery of the medium- and long-term financial strategy and planning for the ICB aligned to the Five- and 10 Year Health Plan.
- Oversee and monitor delivery of the ICB key statutory requirements for financial strategy, planning and delivery.

- Oversight of payment policy reform and impact of commissioning reforms such as place based allocations.
- Scrutinise the robustness of, and gain and provide assurance to the ICB Board, that there is an effective and sustainable process of financial planning and management; effective control and grip over the delivery of the agreed operational financial plans both in year and multi-year, ensuring contractual delivery and value for money.

Financial Planning

- Scrutinise the robustness of, and gain and provide assurance to the Boards, that there is an effective and sustainable process for financial planning and management.
- Make recommendations to the ICB Boards on the financial plan.
- Ensure effective control and grip over the delivery of the agreed operational financial plans for both in year and multi-year.
- Approve any financial recovery plans.
- Oversee and gain assurance on the delivery of the Financial Recovery Plan ensuring that it provides the desired strategic outcomes for the ICB in accordance with the short- and long-term recovery plans approved by NHS England (NHSE).
- Provide assurance to the Board on the development and delivery of the continuous improvement and efficiency agenda.
- Ensure resource allocation is agreed in line with the financial plan.

Financial Performance and Controls

- Have oversight of the ICB's financial performance and provide the Boards with an accurate understanding of the systems' current and forecast financial position.
- Receive assurance that appropriate arrangements are in place to ensure robust financial controls to meet the value for money criteria and ensure financial sustainability.
- To ensure that robust processes are followed, evaluating, scrutinising and monitoring investments so that benefits realisation can be confirmed in line with the ICB's Investment Policy and demonstrate the best value for money.

Capital

- Ensure capital plans are aligned to the respective ICB strategic, clinical, operational and innovation priorities.
- Make recommendations to the ICB Boards in respect of the Capital Resource Plan.
- Seek assurance on delivery of the capital investment / programme plans.

Financial Risk Management

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

Procurement and Contracting Strategy and Planning

- Oversee the development of medium- and long-term strategies for driving efficiency, value for money and performance through cost, market management and innovative contracting and contract management of commissioned services.
- Seek assurance of delivery of the procurement and contracting strategy.
- Ensure contractual delivery and value for money.
- Approve the framework for models of financial delegation, collaboration and contracting in line with procurement and contracting strategy and planning.

7. ACCOUNTABILITY AND REPORTING ARRANGEMENTS

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

The Chair of the Committee shall report to the Board after each meeting and provide a report on assurances received, escalating any concerns where necessary and shall draw to the attention of the Board any issues that require disclosure to the Board or require action.

8. BEHAVIOURS AND CONDUCT

ICB Values

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10. SECRETARIAT AND ADMINISTRATION

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- 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.

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 respective Board for approval.

**Appendix L –
Eligible Providers of
Primary Medical Services across LLR**

Leicester, Leicestershire and Rutland

**Primary Medical Care Service providers
and Primary Care Networks
(March 2026)**

Leicestershire PCN

PCN NAME	PRACTICE CODE	PRACTICE NAME	CD	PCN MANAGER
BEACON PCN	C82041	CHARNWOOD MEDICAL GROUP		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.		nicola.warren1@nhs.net
			james.ogle@nhs.net	sian.sykes3@nhs.net
	C82121	HEATH LANE SURGERY		
	C82650	DESFORD MEDICAL CENTRE		
	C82634	RATBY SURGERY		
CARILLON PCN	C82026	BRIDGE STREET MEDICAL PRACTICE		Alison.Hipkin@nhs.net
	C82035	PARK VIEW SURGERY		Kristy.Mackinson1@nhs.net
	C82070	WOODBROOK MEDICAL CENTRE	ls.borrill@nhs.net	Helen.Rose8@nhs.net
	C82011	PINFOLD MEDICAL PRACTICE		
	C82111	NN VAGHELA'S PRACTICE		
FOSSEWAY PCN	C82054	THE BURBAGE SURGERY		nicola.warren1@nhs.net
	C82027	THE OLD SCHOOL SURGERY	arshad.khalid@nhs.net	sian.sykes3@nhs.net
	C82093	THE ORCHARD MED PRACTICE		
	C82061	BARWELL & HOLLYCROFT MEDICAL CENTRES		
HINCKLEY CENTRAL PCN	C82075	CASTLE MEAD MEDICAL CENTRE		nicola.warren1@nhs.net
			ian.abraham1@nhs.net	sian.sykes3@nhs.net
	C82082	THE CENTRE SURGERY		
	C82047	MAPLES FAMILY MED.PRACT.		

Leicestershire PCN

PCN NAME	PRACTICE CODE	PRACTICE NAME	CD	PCN MANAGER
CROSS COUNTIES PCN	C82001	SOUTH LEICESTERSHIRE MEDICAL PARTNERSHIP	anuj.chahal1@nhs.net	Natalie.wall4@nhs.net
	C82022	THE BILLESDON SURGERY		
G3 PCN	C82056	THE GLENFIELD SURGERY	nainesh.chotai@nhs.net	nainesh.chotai@nhs.net
	C82005	GROBY ROAD MEDICAL CENTRE		
	C82628	GROBY SURGERY		
MELTON, SYSTON AND VALE PCN	C82038	LATHAM HOUSE MEDICAL PRACTICE	nishaan.khoosal1@nhs.net andrew.milne3@nhs.net	tracy.piper2@nhs.net
	C82016	LONG CLAWSON MEDICAL PRACTICE		
	C82078	THE JUBILEE MEDICAL PRACTICE		
	C82042	THE COUNTY PRACTICE		
MARKET HARBOROUGH & BOSWORTH PCN	C82009	MARKET HARBOROUGH MED.CTR	stacey.harrison13@nhs.net	laura.cousins7@nhs.net
	C82109	HUSBANDS BOSWORTH MEDICAL CENTRE		nicola.turnbull5@nhs.net
NORTH BLABY PCN	C82039	KINGS WAY SURGERY	ricky.badiani@nhs.net	
	C82055	THE LIMES MEDICAL CENTRE		
	C82066	FOREST HOUSE MEDICAL CENTRE		rachael.plews@nhs.net
	C82631	ENDERBY MEDICAL CENTRE		
OADBY & WIGSTON PCN	C82079	SOUTH WIGSTON HEALTH CTR.	ravi.sahdev@nhs.net	simron.gill2@nhs.net
	C82021	THE CENTRAL SURGERY		
	C82071	WIGSTON CENTRAL SURGERY		
	C82013	BUSHLOE SURGERY		
	C82067	THE CROFT MRDICAL CENTRE		
	C82048	ROSEMEAD DRIVE SURGERY		
SOUTH BLABY & LUTTERWORTH PCN	C82098	HAZELMERE MEDICAL CENTRE	danny.jones3@nhs.net	james.goode1@nhs.net
	C82002	COUNTSTHORPE 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		
	C82052	DR AM LEWIS' PRACTICE		
	C82012	IBSTOCK HOUSE SURGERY	sumit.virmani@nhs.net	
	C82072	BROOM LEYS SURGERY	kirk.moore1@nhs.net	
	C82096	HUGGLESCOTE SURGERY	amit.patel50@nhs.net	nicola.cockeram1@nhs.net
	C82028	MARKFIELD MEDICAL CENTRE		laura.norton2@nhs.net
	C82045	THE SURGERY		Samantha.Hayes6@nhs.net
	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	
	Y00252	DR SJC CLAY'S PRACTICE		
	C82062	BARROW HEALTH CENTRE		
	C82600	THE BANKS SURGERY		Alison.Hipkin@nhs.net
	C82095	ALPINE HOUSE SURGERY		Helen.Rose8@nhs.net
	C82034	QUORN MEDICAL CENTRE		Kristy.Mackinson1@nhs.net
	C82644	DR MK LAKHANI'S PRACTICE		
	C82097	CHARNWOOD SURGERY		
WATERMEAD PCN	C82678	THURMASTON HEALTH CENTRE	asma.bukhari@nhs.net	Alison.Hipkin@nhs.net
	C82003	GREENGATE MEDICAL CENTRE		Kristy.Mackinson1@nhs.net
	C82112	SEVERN SURGERY (SPECTRUM HEALTHCARE)		
	C82091	BIRSTALL MEDICAL CENTRE		Helen.Rose8@nhs.net
	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	
	C82077	THE UPPINGHAM SURGERY		taruna.masani@nhs.net
	C82044	EMPINGHAM MEDICAL CENTRE		
	C82649	MARKET OVERTON & SOMERBY SURGERIES		

Leicester City PCN

PCN NAME	PRACTICE CODE	PRACTICE NAME	CD	PCN MANAGER
WILLOWS HEALTH PCN	Y00137	THE WILLOWS MEDICAL CENTRE	rishabh.prasad@nhs.net	farahnaz.pinto@nhs.net
	C82020	DE MONTFORT SURGERY		
	C82084	CANON STREET SURGERY (DR B MODI)		
	C82060	THE PRACTICE-SAYEED		
BELGRAVE & SPINNEY HILL PCN	C82037	EAST PARK MEDICAL CENTRE	rakesh.choudhary@nhs.net _amit.raj1@nhs.net	paul.houseman@nhs.net
	C82024	SPINNEY HILL MEDICAL CENTRE		
	C82667	THE CHARNWOOD PRACTICE		
	C82651	BROADHURST ST MED PRACT		
CITY CARE ALLIANCE PCN	C82680	RUSHEY MEAD HEALTH CENTRE	umesh.roy@nhs.net	vicky.kershaw3@nhs.net
	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	adil.vania@nhs.net	helen.feely1@nhs.net dina.kotecha@nhs.net
	Y02469	HERON GP PRACTICE		
	Y02686	BOWLING GREEN STREET SURGERY		
	C82080	SHEFA MEDICAL PRACTICE		
	C82643	COMMUNITY HEALTH CENTRE		
LEICESTER CITY SOUTH PCN	C82046	SAFFRON GROUP PRACTICE	amit.rastogi2@nhs.net	s.cousins1@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	t.than@nhs.net	fatma.bahaidar@nhs.net p.waweru@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	fahreen.dhanji@nhs.net	krishna.solanki@nhs.net seema.parbat@nhs.net
	C82008	OAKMEADOW SURGERY		
	C82053	HOCKLEY FARM MED PRACT		
ACROSS LEICESTER PCN	C82086	FOSSE MEDICAL CENTRE	rajiv.wadhwa@nhs.net	shareen.parmar@nhs.net Acting PCN Manager anil.goyal@nhs.net
	C82018	PARKER DRIVE SURGERY/ MANOR MC		
	C82094	BEAUMONT LODGE MEDICAL PRACTICE		
	C82116	HIGHFIELDS SURGERY (R WADHWA)		
ORION PCN			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)		
THE LEICESTER FOXES PCN	C82639	WESTCOTES HEALTH CENTRE	snehal.dsouza@nhs.net	crystal.dsouza2@nhs.net
	C82088	HORIZON HEALTHCARE		
	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			

ORPHAN PRACTICE NOT PART OF A PCN

C82662 WALNUT ST From 1 Sept 2024, Orion PCN will provide the PCN DES Services to the patients of Walnut Street Surgery. MED CTR